MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

05160

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Reisterstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr, 8 mos.
Hospital, Institution, or street address where death occurred:
Mount Pleasant
How long in hospital or institution? 1 yr., 8 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1616 Ashland Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME MORRIS ABRAMSON

3.(b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife Sarah Abramson
6.(c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) July, 1. 1880

8. AGE: Years	Months	Days	If less than one day
59	10	13	..... hrs. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual occupation Tailor
11. Industry or business same
FATHER 12. Name Abraham Abramson
13. Birthplace Russia
MOTHER 14. Maiden name Ida Gordon
15. Birthplace Russia
16. Informant Deceased
Address same
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15 1940 (month) (day) (year)
Cemetery or crematory Mt Carmel
Location O'Donnell St City
18. Funeral director Jack Levin Inc
Address 1429 E Baltimore St
19. May 14 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940 at 3.00P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1939 1939, to May 14 1940
and that I last saw him alive on May 14 1940

Immediate cause of death	DURATION
Spontaneous Pneumothorax	2 days
Due to Chronic Bronchiectasis	unknown
Due to Pulmonary Emphysema	unknown
Due to	
Other conditions Chronic Myocarditis	unknown

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Samuel Lyonstein M.D
M. D. or other
Address Mt. Pleasant Reisterstown Md Date signed May 15 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05161

Reg. Diat. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Spitz Home

How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2523 N. Calvert St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Ella E. Adams

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: William Blunt Adams

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 25th 1857

8. AGE:

Years	Months	Days	If less than one day
83	3	19	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: James O. Duke

13. Birthplace: Virginia

MOTHER

14. Maiden name: Emily Benson

15. Birthplace: Talbot Co. Md.

16. Informant: Mr. James B. Adams

Address: 2523 N. Calvert St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md.

18. Funeral director: William J. Tickner & Sons

Address: North & Pennsylvania Aves.

19. 5/15 (Date rec'd by Registrar) 19 40 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14th 1940 at 2.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1940 to May 14 1940

and that I last saw h[illegible] alive on May 14 1940

Immediate cause of death	DURATION
Chr. Myocarditis.	Two Years
Due to Acute Chorea	7 yrs.
Due to	
Other conditions Arteriosclerosis	20 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Easton Md. Date signed 5/15

DEPUTY LOCAL

RECEIVED
JUN 3 1940
BUREAU V. S.

Dr Barnaby
1531 E Notre Ave, Near Broadway

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

05162

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3 Fairfield Drive
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County:
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3 Fairfield Drive
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary E. Adkins
3. (b) Social Security Number: NONE

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 22-1857
8. AGE: Years 82 Months 11 Days 18 If less than one day hrs. min.
9. Birthplace: Charleston W. Va (Town, county, state)
10. Usual occupation: Housekeeper
11. Industry or business
FATHER 12. Name: unknown
13. Birthplace: "
MOTHER 14. Maiden name: unknown
15. Birthplace: "
16. Informant: Lewis Byers
Address: 3 Fairfield Drive
17. Removal (Burial, cremation, or removal. Which?) Date thereof 5/10/40 (month) (day) (year)
Cemetery or crematory: Lone Oak
Location: Point Pleasant W. Va
18. Funeral director: William Cook
Address: 1217 St Paul St
19. 5/10 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10-1940 19 8:30 am at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1939, to May 10 1940, and that I last saw her alive on May 10 1940.

Immediate cause of death: Acute Cardiac dilatation — DURATION: —
Due to: arterio-sclerosis, myocarditis — 18 mos
Due to: Anasarca, Hypostatic Pneumonia — 2 mos, 1 week
Other conditions
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: Wetherbee Fort M. D. or other
Address: 20 E. Preston St. Balto Md Date signed 5/10/40

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

05163

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Near Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Near Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lydia N. Akehurst

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James W. Akehurst

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1861

8. AGE: Years	Months	Days	If less than one day
78	4	7	____ hrs. ____ min.

9. Birthplace Balto. Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Landon
13. Birthplace Maryland

MOTHER
14. Maiden name Emaline Kenneman
15. Birthplace Kent Co.

16. Informant Mrs. Lydia Grimes
Address Reisterstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 5, 1940 (month) (day) (year)

Cemetery or crematory Asbury M.E.

Location Reisterstown, Md.

18. Funeral director J.F. Eline & Sons
Address Reisterstown, Md.

19. May 4 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/1940 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/1/1939, to 5/3/1940 and that I last saw her alive on 5/3/1940

Immediate cause of death Uremic Coma — DURATION 3 day

Due to Myocarditis (Chronic)

Due to Hypertension

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE James G. Saffell M. D. or other
Address Reisterstown, Md. Date signed 5/3/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

05164

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Riderwood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 67 Yrs. 8 Mos. 26 Days

Hospital, Institution, or street address where death occurred: ------

How long in hospital or institution? -------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Riderwood
(If outside city or town limits, write RURAL and give nearest town)

Street No. -------
(If rural, give LOCATION)

2.(a) If veteran, name war: --

3.(a) FULL NAME

Isaac Raymond Amoss

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elizabeth Crowther

6.(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.): August 10, 1872

8. AGE:

Years	Months	Days	If less than one day
67	8	26	-- hrs. -- min.

9. Birthplace: Riderwood, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ----

FATHER
12. Name: Isaac R. Amoss
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Mary L. Ault
15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Elizabeth C. Amoss
Address: Riderwood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5/9/40 (month) (day) (year)

Cemetery or crematory: Green Mount

Location: Greenmount Ave. & Oliver St.

18. Funeral director: H. W. Mears and Son
Address: 805 N. Calvert Street

19. May 8 1940 (Date rec'd by registrar) [signature] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1940, at 11.55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 6 1940, to May 6 1940 and that I last saw him alive on May 6 1940

Immediate cause of death: Cardiac failure — DURATION: few hrs.

Due to: Hypertension, arteriosclerosis, genl — unk

Due to: Nephritis, Interstitial, Chr. — unk

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Bennett A. Stone M. D. or other

Address: Lutherville, Md Date signed: 5-7-40

RECEIVED
JUN 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-B)

05165

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month, 23 days

Hospital, Institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? 1 month, 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give neurest towu)

Street No. 4650 Reisterstown Road
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME

Charles Andrews

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lotta Parr

Unknown 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 4, 1856

8. AGE: Years	Months	Days	If less than one day
83	10	25	....hrs. ....min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business: Retail store

FATHER
12. Name: Jacob Andrews
13. Birthplace: Germany

MOTHER
14. Maiden name: Catherine Hund
15. Birthplace: Germany

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville Md

18. Funeral director: Wm. J. Tschiffely & Sons

Address: North & Penna Aves.

19. 5/29/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29, 1940 19 40 at 3:55 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6, 1940 to May 29, 1940 and that I last saw him alive on May 29, 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	18 days
Due to: Generalized arteriosclerosis	Indefinite
Due to:	
Other conditions: Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	Indefinite

Major findings of operation: No

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? No
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): No

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
Robert E. Gardner M. D. or other

Address: Spring Grove Hospital Date signed: 5/29/40

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (1640)

05166

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: Balto
County
City or town Reisterstown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Reisterstown
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 62 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Ardilla May Bailey
3. (b) Social Security Number None

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced divorced
6 (b) Name of husband or wife Alfred Bailey
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 22, 1877
8. AGE: Years 62 Months 8 Days 8 If less than one day hrs. min.
9. Birthplace Balto. Co. (Town, county, and state)
10. Usual occupation Domestic Cook
11. Industry or business
FATHER 12. Name Isaac M. Bailey
13. Birthplace Balto. Co.
MOTHER 14. Maiden name Emma Madden
15. Birthplace Balto.- Co.
16. Informant Milton D. Bailey
Address Reisterstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 2, 1940 (month) (day) (year)
Cemetery or crematory St. Lukes
Location Balto. Co.
18. Funeral director J. F. Eline & Sons
Address Reisterstown, Md.
19. May 30 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1940, at ? M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~
Immediate cause of death Suicide
Due to Throwing herself from 3rd Story window fraction of left wrist & ankle
Due to Passive fraction at base of skull
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 5-30-1940
Where did injury occur? Reisterstown (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~ home
Means of injury Suicide Injured at work? No

23. SIGNATURE W. P. E. Nyse Dep'y M Ex M. D. or other
Address Pikesville Md Date signed 5-30-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05167
Reg. Dist. No. X 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 2 Mo. 28 Days
Stay in this community (yrs., or mos., or days): Same.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Perryville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: William Scott Barley
3. (b) Social Security Number: 717-07-6054

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
B (b) Name of husband or wife: Stella May Barley
6(c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): October 27 1883

8. AGE: Years: 56 Months: 6 Days: 12 If less than one day: hrs. min.

9. Birthplace: Harford County Md
(Town, county, and state)
10. Usual occupation: Railway Engineer.
11. Industry or business: Railroad
FATHER
12. Name: John Barnes Barley
13. Birthplace: Unknown.
MOTHER
14. Maiden name: May Tollinger.
15. Birthplace: Unknown.
16. Informant: Personal History-Hospital Records
Address: Eudowood Sanatorium, Towson, Md.
17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May 12, 1940
(month) (day) (year)
Cemetery or crematory: Asbury Cem.
Location: Perryville, Md. R.F.D.
18. Funeral director: Wm. A. Patterson
Address: Perryville, Md.
19. May 18 1940 (Date rec'd by registrar) H. W. Carroll Van Horn Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 9 1940, at 10.40 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11 1940, to May 9 1940, and that I last saw him alive on May 9 1940.
Immediate cause of death: Pulmonary Tuberculosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: No

DURATION: Feb 1939

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other
Address: Towson, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 15 1940
BUREAU V. S.

05168

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-d)

1. PLACE OF DEATH

County Baltimore County Registration Dist. No. 9 38

Village or City Towson No. Presbyterian Home Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 14 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie Elizabeth Barry U. S. Veteran, specify WAR

(a) Residence: No. Presbyterian Home of Md Ward. Towson Md

(Usual place of abode) (Street Unknown) Baltimore, Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 8. 1857

7. AGE: Years 82 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Jones Barry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sara Elvira Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) T. E. Elliott, Supt Pres. Home, Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 6, 1940

19. UNDERTAKER (Address) John O. Mitchell & Sons Inc Eutaw Place

20. FILED 1900 May 6, 1940 [signature] Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 4th (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1940, to May 4th, 1940

I last saw her alive on May 4th, 1940; death is said to have occurred on the date stated above, at 3:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1930
Auricular fibrillation	1935
Embolism of abdominal aorta	18 hours.

Other Contributory Causes of importance:

Senility	1928

Name of operation None Date of

What last confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 1940

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. S. Chalfont M. D.

(Address) 6210 York Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05169

Reg. Diat. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Owings Mills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby. Bartholow (no name given)

3. (b) Social Security Number:

4. Sex: undetermined

5. Color or race: W

6.(a) Single, married, widowed, or divorced: 3 mo. foetus

B (b) Name of husband or wife: None

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 5, 1940

8. AGE: Years | Months: 3 mo. foetus | Days | If less than one day: hrs. min.

9. Birthplace: Owings Mills, Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business: None.

FATHER

12. Name: Alfred Bartholow

13. Birthplace: Carroll Co.

MOTHER

14. Maiden name: Gladys Ritz

15. Birthplace: Harford County

16. Informant: mother - Gladys Bartholow

Address: Owings Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 5 '40. (month) (day) (year)

Cemetery or crematory: No.

Location: Home Garden.

18. Funeral director: None.

Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1940, at [redacted] M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to May 5 1940, and that I last saw ~~it~~ on May 5 1940.

Immediate cause of death: stillborn (undetermined)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations: None

Of autopsy: None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None. Injured at work?

23. SIGNATURE: D. D. Eagles M. D. or other

Address: Reisterstown Date signed: 6-14-40

stillb.

05170

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Gwynnbrook Ave.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Owings Mills
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Gwynnbrook Ave Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Owings Mills
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Grant Baseman.
3. (b) Social Security Number None.

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Rosa Yox Baseman
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Dec. 17, 1868
8. AGE: Years 71 Months 5 Days 10 If less than one day ____ hrs. ____ min.
9. Birthplace Reisterstown, Balto Co. Md. (Town, county, and state)
10. Usual occupation Woolen Mill Worker
11. Industry or business —
FATHER 12. Name Theodore Baseman.
13. Birthplace Dont Know.
MOTHER 14. Maiden name Ruth Ann Stocksdale
15. Birthplace Dont Know.
16. Informant Earl Sylvester Baseman
Address Owings Mills.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 30, 1940 (month) (day) (year)
Cemetery or crematory Holy Family
Location Harrisonville, Liberty Pike
18. Funeral director Wm. Berryman & Sons.
Address Reisterstown, Md.
19. 5/29/ 1940 (Date rec'd by registrar) J. Frank [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1940, at 4:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/36, to 5/27/1940, and that I last saw him alive on 5/25/40 19
Immediate cause of death — DURATION
Myocarditis chronic — 5 yrs
Nephritis (chronic) — 5 yrs
Due to arteriosclerosis — 5 yrs
Due to —
Other conditions Paresis; meaning, senile paresis; not general paralysis of the insane.
(Include pregnancy within 3 months of death)
Major findings: C.W.G.R.
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE James L. Soffell M. D. or other
Address Reisterstown, Md. Date signed 5/28/40

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1940
BUREAU V. S.

3

05171

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH

County: Baltimore

City or town: Arbutus, Halethorpe P.O. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Birch ave.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 7 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ✓ County: ✓

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: William Norris Batters

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Estella Katherine Laib

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Jan 3 - 1854

8. AGE: Years 86 | Months 4 | Days | If less than one day ___ hrs. ___ min.

9. Birthplace: ~~Arbutus, Geneva Ill~~ (Town, county, and state)

10. Usual occupation: Gold beater

11. Industry or business: Retired

FATHER
12. Name: William Batters
13. Birthplace: Geneva, Ill.

MOTHER
14. Maiden name: Katherine ?
15. Birthplace: unknown

16. Informant: Mrs Estella L. Batters

Address: Birch ave., (Arbutus) Halethorpe Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-6-40 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore Md

18. Funeral director: Wm. J. Tickner & Sons

Address: North & Pa. Ave.

19. May 3 1940 (Date rec'd by registrar) Geo. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1940, at 2 30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1940, to May 3 1940, and that I last saw him alive on May 3 1940.

Immediate cause of death: Chronic Myocarditis, Acute Dilatation, Of the heart — DURATION: 1 yr, 1 day

Due to: Arterial Hypertension? General Arteriosclerosis?

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE: B. B. Brumbaugh M. D. or other

Address: Elkridge Md. Date signed 5/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 27 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (47-d)

05172

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County: BALTIMORE
City or town: PERRY POINT
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 16 YEARS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD. County: BALTIMORE
City or town: PERRY POINT Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NO

3. (a) FULL NAME: ERNEST BLOSS

3. (b) Social Security Number: 213-07-5277

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, married, widowed, or divorced: WIDOWED
6 (b) Name of husband or wife: Unknown
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1882
8. AGE: Years: 57 Months: Days: If less than one day ____ hrs. ____ min.
9. Birthplace: REAGER LATVINA (Town, county, and state)
10. Usual occupation: MACHINEST
11. Industry or business: SPARROWS POINT STEEL MILL
FATHER
12. Name: HANS BLOSS
13. Birthplace: REAGER LATVINA
MOTHER
14. Maiden name: ANNA PUCHE
15. Birthplace: REAGERLATVINA
16. Informant: ALMA BLUSS SISTER
Address: 3030 30th. ST. NEW YORK CITY.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: MAY 5 1940 (month) (day) (year)
Cemetery or crematory: OAK LAWN
Location: EASTERN AVE EXT.
18. Funeral director: Lilly & Zulle Inc.
Address: 403 S. WOLFE ST.
19. 5/4 1940 (Date rec'd by registrar) Milton M. Smulson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1940 at 3/30 PM.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1939 1940, to May 3 1940, and that I last saw him alive on May 3, 1940.
Immediate cause of death: Carcinoma left lung. C abscess and empyema
Due to
Other conditions: Syphilis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Same
Of autopsy: —

DURATION: 1 yr. ? —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: M B Davis M.D. M. D. or other
Address: Dundalk Md. Date signed: 4/4 40

M M Carmine. Reg

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

05173

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
20 Summerfield Rd
Stay in hospital or inst. (yrs., or mos., or days) Dr
Stay in this community (yrs., or mos., or days) 14 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State New York County
City or town New York Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 30 Glen ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Yankee

3. (a) FULL NAME Mrs Jeanne Brown

3. (b) Social Security Number

4. Sex Female | 5. Color or race colored | 6.(a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife George Brown

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) April 6-1864

8. AGE: Years 76 | Months 1 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Aberdeen Scotland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name ? Gordon
13. Birthplace Scotland

MOTHER
14. Maiden name Jean Scott
15. Birthplace Scotland

16. Informant Mrs Alice Summons
Address 20 Summerfield Rd.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 5-26-40 (month) (day) (year)

Cemetery or crematory Woodlawn. N. Y.

Location New York City - N.Y.

18. Funeral director J. B. Hilgenfeld & Son

Address 1300 Eutaw Place

19. 5-25-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 - 1940, at about 5a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death Cerebral embolism	
Due to Hypertension	
Due to Cardiovascular disease	
Other conditions sudden death	
Major findings:	
Of operations	
Of autopsy	

(Include pregnancy within 3 months of death)

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Geo. McKiffen Jr. M. D. Left Med Examr Balto
Address 1010 Fendall Date signed May 25 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

05174

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Balto
County
City or town Bengies
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Bengies Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katharine Elizabeth Brown

3. (b) Social Security Number

4. Sex: female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16 39

8. AGE: Years — Months 9 Days 5 If less than one day hrs. min.

9. Birthplace Md. - Cato City Hosp
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Howe T Brown
13. Birthplace Md.

MOTHER
14. Maiden name Katherine Beasely
15. Birthplace Md.

16. Informant Katherine Brown, mother
Address Bengies Md.

17. (Burial, cremation, or removal. Which?) Date thereof May 23/40 (month) (day) (year)
Cemetery or crematory Sharp St. Cem
Location Bengies Md.

18. Funeral director Mrs. Robert A. Elliott & Daughter
Address 1129 Caroline St.

19. May 22 1940 J. B. Lomelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH May 21 1940, at 7:30 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from 19 to 19~~, and ~~that I last saw h alive on 19~~

Immediate cause of death	DURATION
Broncho Pneumonia	
Due to Chronic bronchitis	
Due to Had no Dr	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. O. Mye M. D. or other
Address Sykesville Md Date signed 5-21-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05175

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 days
Hospital, Institution, or street address where death occurred: Haarlem Lodge
How long in hospital or institution? 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4247 Wickford Road
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME Bryan, William H

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married.

6.(b) Name of husband or wife: Mary Patterson
6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Nov. 17, 1858

8. AGE:

Years	Months	Days	If less than one day
81	6	11	...hrs. ...min.

9. Birthplace: Dorchester Co Md
(Town, county, and state)
10. Usual occupation: retired
11. Industry or business: Good Broker
FATHER 12. Name: James Bryan
13. Birthplace: Dorchester Co Md
MOTHER 14. Maiden name: Aurelia Patterson
15. Birthplace: Dorchester Co Md
16. Informant: Eva L. Roberts
Address: 3507 N. Charles St.
17. Burial (Burial, cremation, or removal—Which?) Date thereof: May 30/40 (month) (day) (year)
Cemetery or crematory: Christ Church Cemetery
Location: Confridge Md.
18. Funeral director: John D. Mitchell & Sons.
Address: 1900 Eutaw Place Balto. Md.
19. 5/25/40 (Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1940 at 9:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to May 28 1940
and that I last saw h.im alive on May 28 1940

Immediate cause of death	DURATION
Cardio-Vascular Disease	Unknown
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Ferd A. Ries, M.D. M. D. or other
Address: Catonsville, Md. Date signed: 5/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

M Andrus

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (13F) Reg. Dist. No. 41

CERTIFICATE OF DEATH

05176

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 7214 Holabird ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 25 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk, (If outside city or town limits, write RURAL and give town)
(d) Street No. 7124 Holabird ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** William Bryzezynski

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1908

8. AGE: Years	Months	Days	If less than one day
32	4	3	____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Vincenty Bryzezynski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Andrzejewski
15. Birthplace Poland

16 (a) Informant Mrs. Mary Bryzezynski
(b) Address 7214 Holabird ave

17 (a) Holy Burial (Burial, cremation, or removal) (b) Date thereof 5/11/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John J. Weber
(b) Address 400 S. Chester Street

19 (a) 5/10/40 (Date rec'd by registrar) (b) Mary Monnelon Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death May 7 1940, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to May 7 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death	Duration
Chronic Valvular Heart disease	unknown
Due to	
Due to	
Other conditions Chronic Nephritis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** A. W. Reier M.D. (M. D. or other)
Address Dundalk, Md Date signed 5-8-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 30 1940
BUREAU V. S.

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

05177

Reg. Dist. No. 33

1. PLACE OF DEATH:
County: Baltimore.
City or town: Glyndon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 222 Central Ave.
Stay in hospital or inst. (yrs., or mos., or days): 0
Stay in this community (yrs., or mos., or days): 42 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 35 Westminster Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Viola Harrison Burkett

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife: Leon. C. Burkett

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 15, 1897

8. AGE: Years	Months	Days	If less than one day
43	9	10	____ hrs. ____ min.

9. Birthplace: Patuxent, Anne Arundel Co. Md.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Home.

FATHER
12. Name: Louis C Harrison
13. Birthplace: Patuxent Anne Arundel Co MD

MOTHER
14. Maiden name: Elsie Waters
15. Birthplace: Patuxent Anne Arundel Co MD

16. Informant: Louis C Harrison
Address: Bond Ave Reisterstown MD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 28, 1940 (month) (day) (year)

Cemetery or crematory: ST. Lukes

Location: Reisterstown, Balto. Co.

18. Funeral director: J.F. Eline & Sons

Address: Reisterstown, Md.

19. May 27 1940 (Date received by registrar) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Aug. 15~~ May 25 1940, at 11 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to May 25 1940, and that I last saw her alive on May 25 1940.

Immediate cause of death	OURATION
Auricullar Fibrillation	48 Hrs
Due to: Diabetes Mellitus	1 Yr.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No Operation
Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Robert F. Healy M.D.
M. D. or other
Address: 301 Med. Arts Bldg Balto. Md. Date signed: May 25, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 3 1940
BUREAU U. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05178

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Swan Point, Dundalk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Swan Point Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 10th St.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Malachy O. Burkholder

3. (b) Social Security Number 159-03-5764

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Edna Grace Shilling

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July -25- 1897

8. AGE: Years 43 42 | Months 10 9 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Yeagertown Pa.

(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business Beth Steel Co.

FATHER

12. Name Robert Burkholder

13. Birthplace Pa.

MOTHER

14. Maiden name Rosa Matthews

15. Birthplace Pa.

16. Informant Mrs. Edna Burkholder

Address Swan Point

17. Burial

(Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory Lewistown Pa.

Location

18. Funeral director John G. Connelly

Address Essex Md.

19. 5-10-40 19 John G. Connelly

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1940, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19 ____, to ____ 19 ____ ~~and that I last saw h~~ ____ alive on ____ 19 9.10 P.M.

Immediate cause of death Coronary thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE H. P. P. Nyse Lapy M Ex

M. D. or other

Address Pyesville Md Date signed 5.9.40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05179

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto. Co.
City or town Long Green
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 5
Stay in this community (yrs., or mos., or days) 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Rita Agnes Caine

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	✓

6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1940

8. AGE: Years ____ Months ____ Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation ____

11. Industry or business ____

FATHER 12. Name Francis O Caine
13. Birthplace Md

MOTHER 14. Maiden name Mary C. Dalton
15. Birthplace Md

16. Informant Francis O. Caine
Address Baldwin Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof May 4, 1940
(month) (day) (year)
Cemetery or crematory St Johns
Location Long Green Md.

18. Funeral director Hahnbuger & Sons.
Address Bentons, Md.

19. 5/5/40 (Date rec'd by registrar) W. H. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 9 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1940, to May 4, 1940, and that I last saw her alive on May 4, 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	2 days
Due to	
Due to	
Other conditions Cytoxic Stenosis	12 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Clifford F. Hudson M.D.
M. D. or other
Address Bark, Md. Date signed 5/4/40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05189

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 yr.,10 mos.,3 das.

Stay in this community (yrs., or mos., or days) 1 yr.,10 mos.,3 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 241 S. Chapel Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Charles Caulfield

3. (b) Social Security Number: 212-09-4315 (Poss)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 16, 1905

8. AGE: Years: 35 | Months: 3 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business: Unknown

FATHER — 12. Name: John Caulfield

FATHER — 13. Birthplace: Scotland

MOTHER — 14. Maiden name: Antoinette Pensker

MOTHER — 15. Birthplace: Germany

16. Informant: J. Frank Spalding

Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24, 1940 (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cemetery

Location: Baltimore, Maryland

18. Funeral director: Lilly & Zeiler, Inc.

Address: 403 S. Wolfe St., Baltimore, Md.

19. May 21, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21, 1940, at 6:39 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1938, to May 21, 1940, and that I last saw him alive on May 21, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 yrs., 4 mos.

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis — Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M. D.

Address: Mt. Wilson, Md. Date signed: 5/21/40

RECEIVED
MAY 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05181

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: 10 Newburg Ave.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 10 Newburg Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Thomas Cline.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: Abram B. Cline

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 22, 1863

8. AGE: Years 77 | Months 3 | Days — | If less than one day: hrs. min

9. Birthplace: Catonsville, Maryland (Town, county, and state)

10. Usual occupation: Home

11. Industry or business

FATHER 12. Name: Reuben Jones

13. Birthplace: Catonsville Maryland.

MOTHER 14. Maiden name: Julia A. Thomas

15. Birthplace: Maryland.

16. Informant: Miss Ida Jones

Address: Catonsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 25, 1940 (month) (day) (year)

Cemetery or crematory: Lorraine Cemetery.

Location: Woodlawn Maryland

18. Funeral director: Easton Sons

Address: Ellicott City, Md.

19. 5/25/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938, to May 21- 1940, and that I last saw her alive on May 21st 1940.

Immediate cause of death: Hypertrophied and Enlarged Heart

Due to High Blood Pressure and Arterial Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Several Years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Castello M. D. M. D. or other

Address 335 E. 31st St Date signed May 23-40

Ver 8444
Mr. Delorme

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05182

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 0 yrs.,3 mos.,24 das.

Stay in this community (yrs., or mos., or days): 0 yrs.,3 mos.,24 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Gaithersburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Boyd E. Clinedinst

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Gladys Clinedinst

6(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): October 14, 1909

8. AGE: Years	Months	Days	If less than one day
30	7	8	hrs. min.

9. Birthplace: Mt. Jackson, Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Unknown

FATHER 12. Name: Ralph Clinedinst

FATHER 13. Birthplace: Mt. Jackson, Virginia

MOTHER 14. Maiden name: Eltie Beahm

MOTHER 15. Birthplace: Mt. Jackson, Virginia

16. Informant: J. Frank Spalding

Address: Mt. Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 25,1940 (month) (day) (year)

Cemetery or crematory: Redland Cemetery

Location: Montgomery County, Maryland

18. Funeral director: Roy W. Barber

Address: Laytonsville, Maryland

19. May 22, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22, 1940, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 28, 1940, to May 22, 1940, and that I last saw him alive on May 22, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yrs., 8 mos.
Due to Tubercle Bacilli	
Due to	
Other conditions Tuberculous Laryngitis	6 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M. D. or other

Address: Mt. Wilson, Md. Date signed: 5/22/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

05183

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Seneca Park Beach

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Seneca Park Beach Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Minnie Conklin

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Conklin

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 5 1883

8. AGE: Years: 56 Months: 9 Days: 22 If less than one day: hrs. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER

12. Name: John Heberlein

13. Birthplace: Baltimore

MOTHER

14. Maiden name: Katherine Stockman

15. Birthplace: Baltimore

16. Informant: Harry Conklin

Address: Seneca Park Beach

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 4/40 (month) (day) (year)

Cemetery or crematory: Oak Lawn Cem

Location: Baltimore

18. Funeral director: John Uellrich

Address: 2008 Gleadow St

19. May 2 1940 (Date rec'd by registrar) Harry Hall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1, 1940, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10 1939, to May 1 1940, and that I last saw her alive on April 30 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 week
Due to Cardio Vascular Renal Disease	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Joseph Pokorny M.D.

M. D. or other

Address: 226 E Madison St Date signed 5/1/40

RECEIVED
MAY 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05184

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Reisterstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 465 Main St. Reisterstown.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town 465 Main St. Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Reisterstown, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Susie Naomi Fryfogle Constantine
3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed.
6 (b) Name of husband or wife: George W. Constantine
6(c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): June 22, 1866

8. AGE: Years 73 | Months 10 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace: Randallstown, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER
12. Name: David Fryfogile
13. Birthplace: Randallstown, Md.
MOTHER
14. Maiden name: Anna Lizia Porter
15. Birthplace: Randallstown, Md.
16. Informant: Hilda Wareheim
Address: 103 Butler Road. Reisterstown
17. Burial (Burial, cremation, or removal. Which?) Date thereof May. 20, 1940 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.
18. Funeral director: Wm. Berryman & Sons,
Address: Reisterstown, Md.
19. May 19 1940 (Date rec'd by registrar) J. Raymond Mitchell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/1940, at 9:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/1934 to 5/17/1940, and that I last saw her alive on 5/17/40 19
Immediate cause of death: myocarditis — chronic — decompensating
DURATION: 4 yrs
Due to
Due to Hypertension arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James G. Saffell M. D. or other
Address Reisterstown, Md. Date signed 5/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05185

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs., 2 mos., 11 days

Stay in this community (yrs., or mos., or days): " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of motber)

State: Maryland County: Baltimore

City or town: Texas Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Thomas B. Crowther

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 17, 1877

8. AGE: Years	Months	Days	If less than one day
62	9	21	____ hrs. ____ min.

9. Birthplace: Baltimore County, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: farm

FATHER
12. Name: Samuel Crowther
13. Birthplace: Maryland

MOTHER
14. Maiden name: Elizabeth Bond
15. Birthplace: Maryland

16. Informant: Hospital Records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 10-1940 (month) (day) (year)
Cemetery or crematory: Prospect Hill Cem
Location: Towson Md

18. Funeral director: Geo L Beyer Jr
Address: 15-12 Hollins St.

19. 5/8/1940 (Date rec'd by registrar) H L Sandoval Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8, 1940, at 8:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27, 1935, to May 8, 1940, and that I last saw him alive on May 8, 1940

Immediate cause of death	DURATION
Bilateral lobar pneumonia	3 days
Due to Pulmonary tuberculosis, right	Indefin.
Due to Chronic myocarditis	"
Other conditions Schizophrenia	6 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: As above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: none Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other
Address: Spring Grove State Hosp. Date signed: 5-8-40

RECEIVED
MAY 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (163-M6) Reg. Dist. No. 32

CERTIFICATE OF DEATH

05186

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Jesse Curran

3 (b) If veteran, name war: nor

3 (c) Social Security No. 214-03-2493

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Catherine Curran

6. (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) March 12-1900

8. AGE: Years	Months	Days	If less than one day
40	2	11	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual occupation Sheet Metal Worker

11. Industry or business Charles Brandt Co.

FATHER
12. Name Peter Curran
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Sutton
15. Birthplace Cumberland, Pa.

16 (a) Informant Mrs. Catherine Curran
(b) Address 522 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24-40 (month) (day) (year)
(c) Cemetery or crematory Maryland Park Memorial
Location Harford Rd.

18 (a) Funeral director Frank H. Merrill
(b) Address Catonsville, Md.

19 (a) 5/24/40 (Date rec'd by registrar) (b) E. L. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death About May 20 1940, at ? M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from 19 to 19~~, and that I last saw ~~him alive on 19~~.

Immediate cause of death Bonbon Mon. — Duration
Otitis Purulent, dead
Due to Uremic Auto Poisoning from
Due to Exhaustion in wheels
Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) ~~Accident~~, suicide, ~~or homicide~~
(b) Date of occurrence About May 20 - 40
(c) Where did injury occur? Randallstown Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on farm (Specify type of place) While at work? no
(e) Means of injury Gas auto

23. Signature W. F. O'Mara Dep M Ex (M. D. or other)
Address Catonsville Md Date signed 5-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

05187

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rolling Road and Ridge Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR --

3. (a) FULL NAME: DeMandes, Mrs. Louise Aurelia Gineste Lobit

3. (b) Social Security Number

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Felix DeMandes
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): September 2, 1864
8. AGE: Years 75 Months 8 Days 13 If less than one day ____ hrs. ____ min.
9. Birthplace: France (Town, county, and state)
10. Usual occupation: governess and housekeeper
11. Industry or business: --
FATHER
12. Name: Charles Gineste
13. Birthplace: France
MOTHER
14. Maiden name: Emilie ?
15. Birthplace: France
16. Informant: Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-18-40 (month) (day) (year)
Cemetery or crematory: Lorraine
Location: Baltimore
18. Funeral director: [illegible]
Address: Fulton Arch Fayette
19. 5/17 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1940, at 9.50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 19 1938, to May 15 1940, and that I last saw her alive on May 15 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	days
Due to Generalized Arteriosclerosis with psychosis	
Due to Bronchopneumonia	terminal
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] Arthur E. Pattrell, M. D. M. D. or other
Address Sheppard-Pratt Hospital Date signed
Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 15 1940
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 39

05188

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore.

(b) City or town Jacksonville, (Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Papermill Road

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Jacksonville (Rural) (If outside city or town limits, write RURAL and give town)

(d) Street No. Papermill Road (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EMMA RETTA DINNIS

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Samuel Dinnis

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 27, 1861

8. AGE: Years 79 | Months 1 | Days — | If less than one day ___ hr. ___ min.

9. Birthplace Peakskill, New York (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER

12. Name Jacob C. Tuttle

13. Birthplace New York

MOTHER

14. Maiden Name Emma Curry

15. Birthplace New York

16 (a) Informant L. Grace Dinnis

(b) Address Jacksonville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore, Md.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) May 28, 1940 (Date rec'd by registrar) (b) Anna Price Registrar

MEDICAL CERTIFICATION

20. Date of death May 27, 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 5 1940, to May 27 1940, and that I last saw him alive on May 27 1940.

Immediate cause of death	Duration
Cardio Vascular drains.	3 mos.
Due to general arteriosclerosis	Several yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations — —

Of autopsy — —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide — —

(b) Date of occurrence — —

(c) Where did injury occur? — — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury — —

23. Signature M. Bowman Hood M. D. or other

Address 2200 Garrison Blvd Baltimore, Md. Date signed May 28 40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05189

Reg. Diat. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS (AE)

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr., 8 mos., 6 days

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution? 1 yr., 8 mos., 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3712 Springdale Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: Charles P. Dorney

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Matilda Ravorg

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 15, 1853

8. AGE: Years	Months	Days	If less than one day
86	7		hrs. min.

9. Birthplace: Maryland

(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Miscellaneous

FATHER 12. Name: Marmaduke Dorney

FATHER 13. Birthplace: unk. ?

MOTHER 14. Maiden name: unk ?

MOTHER 15. Birthplace: unk ?

16. Informant: Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-15-40 (month) (day) (year)

Cemetery or crematory: Woodlawn Cem.

Location: Woodlawn Md.

18. Funeral director: John O. Mitchell & Son

Address: Baltimore Md.

19. 5/16 (Date rec'd by registrar) 19 40 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15, 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 9, 1938, to May 15, 1940 and that I last saw h... 1m alive on May 15, 1940

	OURATION
Immediate cause of death: Chronic myocarditis	before 1938
Due to: Generalized arteriosclerosis	" "
Due to: Chronic interstitial nephritis	before "
Other conditions: Senile psychosis	" "

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: SPring Grove State Hosp. Date signed 5/16/40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

05190

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: Balto

County

City or town Parkville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Unknown County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Unknown

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Faggins

3. (b) Social Security Number 218-03-7135

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 50 | Months | Days | If less than one day hrs. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Brother

Address Unknown

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6th 1940 (month) (day) (year)

Cemetery or crematory ~~Balto Co. Almshouse~~ Farmville Va.

Location ~~Balto Co. Md~~

18. Funeral director Lassalen Funeral Home

Address 7401 Belair Rds

19. 6/5 1940 (Date rec'd by registrar) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 9-30 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Suffocation during epileptic

Due to seizure he fell head down in muddy ditch

Due to and was dead when found

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ Accident Date of 5-31-40

Where did injury occur? Parkville (City or town) Balto (County) Md (State)

Injured at ~~home, farm~~, industry, public place (where?) City Street work

Means of injury fell in ditch Injured at work? yes

23. SIGNATURE W. G. O'Myse Dept M Ex M. D. or other

Address Pikesville Md Date signed 5-31-40

RECEIVED
JUL 5 1949
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

05191

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Cockeysville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Masonic Home
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs 6 month
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 7 N. Fulton Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Robert Frey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha Eliz Frey
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept. 3 - 1867

8. AGE: Years	Months	Days	If less than one day
72	8	9	hrs. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual occupation Cigar Manufacturer
11. Industry or business
FATHER 12. Name Charles G. Frey
13. Birthplace Germany
MOTHER 14. Maiden name Pauline Schriner
15. Birthplace Germany
16. Informant Laura M. Schroeder
Address Masonic Home
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14 - 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Loudon Pk
Location
18. Funeral director Geo. L. Beyer
Address 1512 Hollins St.
19. May 14 1940 (Date rec'd by registrar) Laura M. Schroeder Registrar
Wilmer C. Ensor. Dept.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 3:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1939, to May 12 1940, and that I last saw him alive on May 11 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. Schocket M. D.
M. D. or other
Address Cockeysville Md Date signed 5/12/40

RECEIVED
MAY 23 1946
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05192

1. PLACE OF DEATH (94a)

County Balto., Co., Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William E. Gambrill Social Security #

(a) Residence: No. 2901 Dunbrin Rd St., Ward. 213-07-9550.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Social Sec. - No., 213-07-9550

6. DATE OF BIRTH (month, day, and year) Feb. 19, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	45	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk,

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Sparrows Point,

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Dundalk, Balto., Co., [redacted] (State or country) MD.

FATHER

13. NAME William Gambrill

14. BIRTHPLACE (city or town) MD. (State or country)

MOTHER

15. MAIDEN NAME Mary E. Kelly

16. BIRTHPLACE (city or town) MD. (State or country)

17. INFORMANT Mr. Livingston Gambrill. (Address) 15 Broadship Rd. Dundalk.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oak-Lawn Cem. Date May 8, 1940

19. UNDERTAKER J. Liston Wiedefeld (Address) 22nd & Greenmount Ave.

20. FILED 5/6/40, 19 M. McCarmine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 15 1940, to May 4, 1940

I last saw him alive on May 3, 1940, death is said to have occurred on the date stated above, at 10:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	5/4/40
Other Contributory Causes of importance:	
Hypertensive C-V-R Disease C Decompensation	1939

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) M. B. Davis M. D.

(Address) Dundalk Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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U.S. NAVY

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05193

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Balto

City or town: St Dennis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash Blvd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Prince George Co

City or town: Landover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Grover Harrison Garrison

3. (b) Social Security Number: 242-07-0402

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Alice Garrison

6(c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): May 22, 1899

8. AGE: Years: 41 Months: — Days: 3 If less than one day: hrs. min.

9. Birthplace: Cairo, Illinois
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Ft. Lincoln Cemetery

FATHER
12. Name: John Garrison
13. Birthplace: Illinois

MOTHER
14. Maiden name: Betty Johns
15. Birthplace: Illinois

16. Informant: Alice Garrison

Address: Landover Prince George Co

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 28 40 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cem

Location: Prince George Co Md

18. Funeral director: W. W. Chambers Co.

Address: Riverdale, Md.

19. May 26 1940 (Date rec'd by registrar) Geo Kieffer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Fractured skull

Due to: Internal injuries

Due to: Automobile accident

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: May 25-40

Where did injury occur: Wash Blvd (City or town) St Dennis (County) Balto Md (State)

Injured at home, farm, industry, public place (where?): Public road

Means of injury: automobile Injured at work?

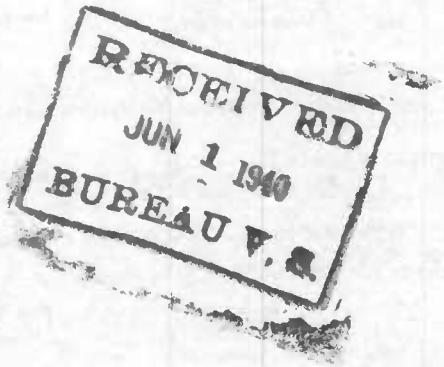
23. SIGNATURE: Geo McKieffer Dep Med Exam of Balto Co M. D. or other

Address: 1010 Leeds Ave Date signed: May 25 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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JUN 1 1940
BUREAU V. S.

05194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore,

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Opitz Home, Edmondson Ave & Nunnery Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 608 Scott Street
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Philip M. Geidt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of ~~husband or~~ wife: Mollie Geidt

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 21, 1872

8. AGE: Years	Months	Days	If less than one day
67	6	5	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Cutter, Clothing

11. Industry or business: Jacob Brothers

FATHER
12. Name: Philip
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mr. Raymond H. Geidt,
Address: 608 Scott Street

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 5/29/40 (month) (day) (year)

Cemetery or crematory: Western

Location: Baltimore, Maryland

18. Funeral director: Wm. J. Tickner & Sons, Inc.,
Address: North & Pa. Avenues

19. 6/28/40 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26, 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1940 to 5/26 1940 and that I last saw him alive on 5/25 1940

Immediate cause of death: Carcinoma Stomach

DURATION: 1 year

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: N. W. Bonelli M. D. or other

Address: 4213 Frederick Ave. Date signed: 5/28/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 3 1940
BUREAU V. S.

517
715 Stamford Road

STATE OF MARYLAND—CERTIFICATE OF DEATH

05195

1. PLACE OF DEATH (93D)

County Balto Registration Dist. No. 42

Village or City Halethorpe No. Washington Blvd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna R. Goeller If U. S. Veteran, specify WAR

(a) Residence: No. Washington Blvd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael J. Goeller

6. DATE OF BIRTH (month, day, and year): Sept 6 1864

7. AGE: Years 75 | Months 8 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: George Michler

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Anna Bienlein Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place: Holycross Cem. A.A. Date: May 18, 1940

19. UNDERTAKER (Address): Margaret G. Flynn 1422 Light St. Balto. Md.

20. FILED: May 15, 1940 G. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937, to May 15, 1940

I last saw her alive on May 12, 1940; death is said to have occurred on the date stated above, at 2:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	1937
Other Contributory Causes of Importance: Bronchial Asthma	1937

Name of operation — Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward F. Milan M. D.

(Address) 682 Washington Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Balto. Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93d)

05196

Reg. Dist. No. 4

1. PLACE OF DEATH:

County Baltimore County Md

City or town Stemmers Runs Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto Co Md

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sandy Pt Riverside Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John G Goertz

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Goertz

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 3 - 1861

8. AGE: Years 78 | Months 11 | Days 3 | If less than one day hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Unknown

13. Birthplace: Germany

MOTHER

14. Maiden name: Unknown

15. Birthplace: Germany

16. Informant: Mrs James Goertz

Address: Cape May Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-11-40 (month) (day) (year)

Cemetery or crematory: Mt Carmel Cemetery

Location: O'Donnell St

18. Funeral director: Albert L Hiltz Jr

Address: 1606 N Chester St

19. 5-9-40 (Date rec'd by registrar) 19 John G Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 2 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1940, to May 8 1940, and that I last saw him alive on May 8 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 5 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. F. White M.D. M. D. or other

Address 7610 Eastern Ave, Balto, Md. Date signed 5/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 15 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05197

131-a

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Ruxton No. Boyce Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Moreau Forrest Gorsuch If U. S. Veteran, specify WAR none

(a) Residence: No. Ruxton St., — Ward. Ruxton

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida K. Gorsuch

6. DATE OF BIRTH (month, day, and year) June 6 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. (Electrical Bus.)

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Robert F. Gorsuch

14. BIRTHPLACE (city or town) Balto. (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Frush

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs Ida K. Gorsuch (wife) (Address) Ruxton - Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place London Park Date May 25, 1940

19. UNDERTAKER Stewart Hearn Co. (Address) 108 W. Lexington St. Baltimore Md

20. FILED 5/25, 1940 H. Worrell Tarr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 24th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1930, to May 24th, 1940

I last saw him alive on May 24th, 1940; death is said to have occurred on the date stated above, at 10:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Cardio - Renal - Vascular Disease	1934

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical & Chemical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Jno. M. Dabney M. D.

(Address) Ruxton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 12 1940
U. S.
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

05198

1. PLACE OF DEATH (131-C)

County Baltimore Registration Dist. No. 38

Village or City Reisterstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Bertha Groth If U. S. Veteran, specify WAR

(a) Residence: No. Route 2 Box 48 Reisterstown Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert A Groth

6. DATE OF BIRTH (month, day, and year) April 28, 1873

7. AGE Years 67 Months 0 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Koenig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert A Groth

(Address) Route 2 Box 48 Reisterstown

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oak Lawn Date 5/3, 1940

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

20. FILED May 1st, 1940 J. Frank Miller M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 24, 19 to May 1, 1940

I last saw her alive on April 30, 1940; death is said to have occurred on the date stated above, at 4 30/4 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremic coma	

Other Contributory Causes of Importance:

Hypertension

Arteriosclerosis

Chronic nephritis

Chronic myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury ✓, 19 ✓

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James G. Safell M. D.

(Address) Reisterstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05199

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 yrs.,4 mos.,25 das.
Stay in this community (yrs., or mos., or days): 2 yrs.,4 mos.,25 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Raspeburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edna Hack

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 14, 1909

8. AGE: Years	Months	Days	If less than one day
30	11	8	hrs. min.

9. Birthplace: Stemmers Run, Balto. Co., Md. (Town, county, and state)

10. Usual occupation: Seamstress

11. Industry or business: Unknown

FATHER
12. Name: Frank Hack
13. Birthplace: Stemmers Run, Md.

MOTHER
14. Maiden name: Mary Weikert
15. Birthplace: Stemmers Run, Md.

16. Informant: Eleanor Pearson
Address: Mt. Wilson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24, 1940 (month) (day) (year)
Cemetery or crematory: Parkwood Cemetery
Location: Baltimore, Maryland

18. Funeral director: Frederick Lassahn & Son
Address: 7401 Belair Rd., Balto. Co., Md.

19. May 22, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22, 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27, 1937, to May 22, 1940, and that I last saw her alive on May 22, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 yrs., 3 mos.

Due to: Tubercle Bacilli

Due to:

Other conditions: Chronic Myocarditis — Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D. M. D. or other
Address: Mt. Wilson, Md. Date signed 5/22/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

115 W Susquehanna 05200

(83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Rodgers Forge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 323 Murdoch Road
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Rodgers Forge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 323 Murdoch Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Sarah M. Hall

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Frank B. Hall
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) July 5-1862

8. AGE: Years 77 Months 10 Days 6 If less than one day ____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Andrew Wyatt
13. Birthplace Va
MOTHER 14. Maiden name Emily Hall
15. Birthplace Va
16. Informant Fred C. Hall
Address 323 Murdoch Rd
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 13-1940 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Frederick Road
18. Funeral director William Cook
Address 1217 E x Paul Street
19. May 11 1940 (Date rec'd by registrar) W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 7:30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to May 11 1940, and that I last saw her alive on May 10 1940.

	DURATION
Immediate cause of death Cerebral vascular accident	4 mo
Due to	
Due to	
Other conditions Bronchopneumonia	4 days

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE Francis W. Gluck M. D. or other
Address 715 Park Ave Date signed 5/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 15 1949
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05201

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Baltimore
City or town Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or insl. (yrs., or mos., or days) 0 yrs., 3 mos., 25 das.
Stay in this community (yrs., or mos., or days) 0 yrs., 3 mos., 25 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cumberland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 856 Maryland Avenue (If rural give LOCATION)
2(e) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Mildred Hamilton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Richard R. Hamilton

6(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): December 4, 1905

8. AGE: Years	Months	Days	If less than one day
34	4	29	____ hrs. ____ min.

9. Birthplace: Basic City, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Taylor Swisher
13. Birthplace: Romney, West Virginia

MOTHER
14. Maiden name: Jeannette Swisher
15. Birthplace: Basic City, Virginia

16. Informant: Eleanor Pearson
Address: Mt. Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Unknown (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Cumberland, Maryland

18. Funeral director: Louis Stein, Inc.
Address: Cumberland, Maryland

19. May 3, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1940, at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8, 1940, to May 3, 1940, and that I last saw her alive on May 3, 1940.

Immediate cause of death	OURATION
Chronic Myocarditis	Unknown
Due to Pulmonary Tuberculosis	
Due to	
Other conditions Pulmonary Tuberculosis	8 years

(Include pregnancy within 3 months of death)

Major findings:
Dt operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Stewart S. Shaffer M. D.
M. D.
Address: Mt. Wilson, Md. Date signed: 5/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

CERTIFICATE OF DEATH

052102

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Dundalk Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 19 Northshop Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Cassie E Harrison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

8 (b) Name of husband or wife Wm J Harrison
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2/7/1862

8. AGE: Years	Months	Days	If less than one day
77	2		____ hrs. ____ min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Alexander Seward
13. Birthplace Md
MOTHER 14. Maiden name Sarah J Wheatley
15. Birthplace Md
16. Informant Wm J Harrison
Address Jenkintown Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 4/40 (month) (day) (year)
Cemetery or crematory Parkwood
Location Gayla Ave Balto Co
18. Funeral director John Ulland
Address 2008 Orleans St
19. 5/7 1940 (Date rec'd by registrar) Melvin W Brundon Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, 10:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to May 1 1940, and that I last saw deceased alive on May 1, 1940.

Immediate cause of death	DURATION
Chronic myocarditis and myocardial degeneration	6 Months
Due to	
Due to	
Other conditions Cerebral embolism and thrombosis	3 Months

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A W Leier M.D.
M. D. or other
Address Dundalk Md Date signed 5-2-40

M. M. Carmine Reg.

RECEIVED
MAY 7 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

05203

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Middleboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Neat Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Middleboro. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 2, Box 255, Hammers Rem.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Heil

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Infant

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

Stillborn

9. Birthplace Middleboro, Balto Co, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Harry Heil

13. Birthplace Balto.

MOTHER 14. Maiden name Genevieve O'Connell

15. Birthplace Balto.

16. Informant Mrs. Heil. (mother)

Address Essex, Md.

17. Burial Date thereof 5-19-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Texas Elmo Home

Location Texas, Md.

18. Funeral director John F. Connelly

Address East Md.

19. May 19 1940 John F. Connelly

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1940, to May 19 1940, and that I last saw him ~~alive~~ dead on May 19 1940.

Immediate cause of death Stillborn — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. F. White M.D.

M. D. or other

Address 7610 Eastern Ave, Balto Md. Date signed 5/21/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05204

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Rodgers Forge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 420 Hopkins Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Rodgers Forge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 420 Hopkins Rd (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Edward Henry

3. (b) Social Security Number

4. Sex Mole

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie Henry

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1882

8. AGE: Years 57 Months 10 Days 26 If less than one day hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Office Manager

11. Industry or business

FATHER 12. Name Frank B Henry

13. Birthplace Baltimore Md

MOTHER 14. Maiden name Catherine Madden

15. Birthplace Baltimore Md

18. Informant Minnie Henry

Address 420 Hopkins Rd Rodgers Forge

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/6/40 (month) (day) (year)

Cemetery or crematory Western

Location Baltimore

18. Funeral director William Cook

Address 1217 St Paul St

19. May 5 1940 (Date rec'd by registrar) W Carroll Van Horn Deputy Local Registrar

(over)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 10:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-3- 1940, to 5-3- 1940, and that I last saw h alive on 19

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis of coronary vessels

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

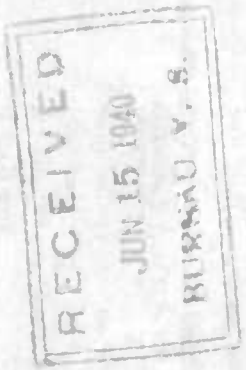
Means of injury Injured at work?

23. SIGNATURE Geo A Bawden, M.D. M. D. or other

Address 323 Med Arts Bldg Date signed 5/3/40

This patient attended a banquet and while driving home was stricken with pain in left side of chest. He put car away and went into his home. His wife gave him a dose of Bicarbonate of Soda and called me. Before I arrived he had expired. I talked with Dr. Wyse who authorized me to fill out "Death Certificate".

George A. Burden.



County
BALTIMORE ~~CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-2

Registered No. 42 05205

1. PLACE OF DEATH:
(a) Baltimore ~~City~~ County, Maryland
(b) Street address Vera Ave. Arbutus
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. Vera St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Joseph G.Hicks,Sr

3 (b) If veteran, name war none
3 (c) Social Security Account No. none

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elizebeth,Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15,1850

8. AGE: Years 90 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Austria (Town, county, and state) Gravery
10. Usual Occupation Garner
11. Industry or business Self

FATHER
12. Name Geo,Hicks
13. Birthplace Austria

MOTHER
14. Maiden Name Unkown
15. Birthplace Unkown

16 (a) Informant Jos G.Hicks Jr
(b) Address Vera St, Arburus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd.

18 (a) Funeral director Jos. J. Kenny
(b) Address Hollins & Gilmore Sts.

19 (a) May 30 40 (Date rec'd by registrar) (b) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to 19, and that I last saw him alive on May 28 1940

Immediate cause of death: Chronic myocarditis and arteriosclerosis — Duration: 3 yr
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Millard S Parson M. D.
Address Halethorpe, 5-29-40 Date signed

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hick = On May 28. 1940. Jos. G beloved Sr
Father of Jos G Hick Jr of Vera St. Arbutus.
funeral remains at Thos J. Kenny Hadlin & Gilmor St
on Thurs at 2 O'clock interment Meadowridge.

Cemetery J Times

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-54)

CERTIFICATE OF DEATH

05206

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Villa Nova.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Roth Nursing Home

Stay in hospital or inst. (yrs., or mos., or days) about 2 yrs.

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Villa Nova, Pikesville Ward No. Glyndon
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Pikesville.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lucretia Harris Hipsley.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6. (a) single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Harry Shipley Hipsley

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Jan. 28. 1860

8. AGE:

Years	Months	Days	If less than one day
80	3	20	hrs. min.

9. Birthplace Chestnut Ridge
(Town, county, and state)

10. Usual occupation Retired Home wife

11. Industry or business —

FATHER
12. Name Harris
13. Birthplace dont Know.

MOTHER
14. Maiden name dont Know.
15. Birthplace " "

16. Informant Charles L. Fiusa.
Address Glyndon, Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof May 21, 1940 (month) (day) (year)
Cemetery or crematory Asbury Cemetery.
Location Reisterstown, Md.

18. Funeral director Jno. Berryman & Sons
Address Reisterstown, Md.

19. May 20 1940 Dr. E. E. Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1940, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1940, to May 18 1940, and that I last saw h[illegible] alive on May 17 1940.

Immediate cause of death Carcinoma of liver

	DURATION
Due to —	
Due to —	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. E. Nichols M.D.
M. D. or other
Address Pikesville Md. Date signed May 20-40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05207

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Villa Maria, Notch Cliff
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Notch Cliff Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sister Mary Paul Hofmann

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 8, 1871

8. AGE: Years	Months	Days	If less than one day
69	3	9	hrs. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Paul Hofmann

13. Birthplace Germany

MOTHER 14. Maiden name Pauline Schmitt

15. Birthplace Germany

16. Informant Sr. M. Petra Fourier

Address Notch Cliff, Md.

17. Burial Date thereof May 20-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ Notch Cliff.

Location Geeon

18. Funeral director Geo. M. Enid & Son

Address 811 N. Wolfe St.

19. 5/19/40 19 W. M. Hammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1940, at 12.20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1939, to May 1940, and that I last saw h er alive on Feb. 27 1940.

Immediate cause of death	DURATION
Pulmonary tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sister M. Paul Hofmann M. D. or other

Address Date signed

RECEIVED
JUN 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05208

1. PLACE OF DEATH

County Baltimore (107) Registration Dist. No. 04

Village or City Sparrow's Point, Md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Clem Holcomb.

(a) Residence: No. 1002 Jst Sparrow's Pt. Md. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Holcomb

6. DATE OF BIRTH (month, day, and year) Mch 1st 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Charlotte Co. (State or country) Va.

FATHER

13. NAME William Holcomb

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jenson?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Henry Holcomb (Address) 100 E. J. St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date June 2nd, 1940

19. UNDERTAKER Saml. N. Chase & Son (Address) 638 N. Gilmor St.

20. FILED June 1, 1940 Danny L. Harbor Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 29th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-11-40, 19__, to 5-29-40, 19__

I last saw him alive on 5-29-40, 19__; death is said to have occurred on the date stated above, at 11:40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5/11/40

Other Contributory Causes of importance:

Arteriosclerosis	unknown

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) J. H. Thomas M. D.

(Address) 1012 Jst Sparrow's Pt. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUN 3 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d)

Reg. Dist. No. 44

05209

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Chase (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Earle's Rd. near Ebenezer Road

(d) Length of stay in hospital or inst. (yrs., mos., or days) unknown

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Chase (If outside city or town limits, write RURAL and give town)

(d) Street No. Earle's Rd. near Ebenezer Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Holdorf

3 (b) If veteran, name war none

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Holdorf

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1864

8. AGE: Years 75 Months 4 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business State Roads Commission

FATHER

12. Name Caston Holdorf

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mr. J. Raymond Holdorf

(b) Address Chase, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (month) (day) (year)

(c) Cemetery or crematory Trinity

Location Balto., Md.

18 (a) Funeral director Lanoshu Funeral Home

(b) Address 7401 Belair Road

19 (a) May 5-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death May 3 1940, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1940, to May 3 1940, and that I last saw him alive on April 28 1940.

Immediate cause of death Arteriosclerotic Cardiovascular Disease — Duration 10 yrs.

Due to

Due to

Other conditions Broncho pneumonia (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Richard S. Owens Jr. M.D. (M. D. or other)

Address Raspeburg Date signed May 3, 1940.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05210

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County: Baltimore

City or town: Minkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Minkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Charles Clinton Holmes

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Annie Brown

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Jan 16, 1868

8. AGE: Years: 72 Months: ~~4~~ 3 Days: 27 If less than one day: hrs. min.

9. Birthplace: Baltimore County
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER
12. Name: Charles H Holmes
13. Birthplace: Baltimore Co.

MOTHER
14. Maiden name: Mary Virginia LeFevre
15. Birthplace: Harford Co., Maryland

16. Informant: Mrs. C. C. Holmes

Address: Minkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 15 1940 (month) (day) (year)

Cemetery or crematory: St. James Episp. Church

Location: Mrs. Lady's Manor

18. Funeral director: Landon M. Brooks

Address: Sparks Md

19. May 14, 19[illegible] (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 13 1940, and that I last saw him alive on May 13 1940.

Immediate cause of death: Coronary Occlusion — DURATION: 5 Yrs.

Due to: Chronic myocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [illegible] Frank M. D. or other

Address: [illegible]ton, Md Date signed: 5/14/40

1940 72 68

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

05211

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

City or town White Hall R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town White Hall R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Thomas Houston

3. (b) Social Security Number None

4. Sex Male

5. Color or race col

6. (a) Single, married, widowed, or divorced widower

8 (b) Name of husband or wife Rosie Houston

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years About 89 | Months — | Days — | If less than one day hrs. min.

9. Birthplace unknown (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business —

FATHER 12. Name Step - Joe Houston

13. Birthplace unknown

MOTHER 14. Maiden name Lucinda unknown

15. Birthplace unknown

16. Informant Raymond Johnson

Address White Hall R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10-40 (month) (day) (year)

Cemetery or crematory Union Chapel

Location White Hall R.F.D.

18. Funeral director P. Mackline & Son

Address White Hall Md

19. May 7th 1940 (Date rec'd by registrar) Melvin Bortner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 7 1940, and that I last saw h 1M alive on May 7 1940.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due fo external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE A. M. France M. D. or other

Address Parkton, Md. Date signed 5/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05212

1. PLACE OF DEATH (46-J)

County Balto Co. Registration Dist. No. 38

Village or City Parkville Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Howard If U. S. Veteran, specify WAR

(a) Residence: No. 7813 Old Harford Rd. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry B. Howard

6. DATE OF BIRTH (month, dey, end year) May 14-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked et this occupetion (month end year)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Balto. (Stete or country) md

FATHER

13. NAME Joseph A. Sands

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Gerbonick

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry B. Howard (Address) 7813 Old Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Pk. Date 5/31/, 1940

19. UNDERTAKER Leonard J. Kuck (Address) 5305 Harford Rd.

20. FILED 5/31, 1940 G. McBacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ~~June~~ Jan 8, 1940, to May 28, 1940

I last saw h er alive on May 28, 1940; death is said to have occurred on the date stated above, et 11.25 a.m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of importance were es follows:

	Date of onset
Carcenoma liver	Jan 1940

Other **Contributory Causes** of importence:

Name of operation exploratory laparotomy Date of 5/6/40

What test confirmed diegnosis? operation Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 5 1928 BUREAU P. H.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (940a)

Reg. Dist. No. 38

05213

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 401 East Joppa Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Towson
(If outside city or town limits, write RURAL and give town)

(d) Street No. 401 E. Joppa Rd. Towson
(If rural give location)

(e) If foreign born, how long in U. S. A.? About 70 years

3 (a) **FULL NAME** Mary Huber

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Peter Huber

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 12 1844

8. **AGE:** Years 95 Months 6 Days If less than one day ____ hr. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Heilman
13. Birthplace Germany

MOTHER
14. Maiden Name Mot. Known
15. Birthplace " "

16 (a) Informant John A. Huber
(b) Address 401 East Joppa Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem

Location Belair Rd.

18 (a) Funeral director Henry Hoech & Sons Co.

(b) Address 1301 E. Eager St.

19 (a) May 14 40 (Date rec'd by registrar) (b) W. David Vanhorn Deputy Vocal Registrar

MEDICAL CERTIFICATION

20. Date of death May 14 1940, at ? A M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.~~

Immediate cause of death Coronary thromosis

Due to Cardio vascular

Due to Disease, Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. P. T. Nyse Deputy M. Ex.
M. D. or other

Address Pikesville Md Date signed 5-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05214

Reg. Diat. No. 30

1. PLACE OF DEATH: Spring Grove Hospital
County: Baltimore Catonsville
City or town: (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? since April 21,1936
Hospital, institution, or street address where death occurred: Spring Grove,State Hospital
How long in hospital or institution? see above

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County:
City or town: Dundalk P.O. (If outside city or town limits, write RURAL and give nearest town)
Street No. Eastern Ave (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Thomas M.Hughes

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	white	married

6.(b) Name of husband or wife: Mary A.Jefferson
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Nov.14,1862

8. AGE: Years	Months	Days	If less than one day
81	6	16	hrs. min.

9. Birthplace: Baltimore, Md. (city, county, and state)
10. Usual occupation: furnace man,retired
11. Industry or business: Baltimore Copper Works
FATHER 12. Name: John Hughes
13. Birthplace: Baltimore,Md.
MOTHER 14. Maiden name: unknown
15. Birthplace: Baltimore,Md.
16. Informant: Mrs.Mary A.Hughes ,wife
Address: Eastern Ave.Dundalk P.O.Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-31-40 (month) (day) (year)
Cemetery or crematory: June 1-1940
Location: Oak Lawn
18. Funeral director: John Ulrich
Address: 2068 Orleans St.
19. 5/29/40 (Date rec'd by registrar) DEPUTY LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29, 1940, at 9.10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept.1, 1939, to 52 May 29, 1940 and that I last saw h...im alive on May 29, 1940

Immediate cause of death	Chronic Myocarditis	DURATION bef.1939
Due to	General arteriosclerosis	bef.1939
Due to		
Other conditions	Senile Dementia (delusional type)	

(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dr Else Pappenheim M. D. or other
Dr.Else Pappenheim
Address: Spring Grove Hospital Date signed: May 30,40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-A)

CERTIFICATE OF DEATH

05215

Reg. Diat. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years and 9 days

Hospital, institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? 25 years and 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2700 West Lanvale Street
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: Joseph Jacobs

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 25, 1885

8. AGE: Years	Months	Days	If less than one day
54	10	6	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Laborer, teamster

11. Industry or business: Hauling

FATHER
12. Name: Joseph Jacobs
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Catherine Boyce
15. Birthplace: Baltimore, Md.

16. Informant: Hospital Records
Address

17. Buried (Burial, cremation, or removal) Which? Date thereof 6/6/40 (month) (day) (year)

Cemetery or crematory: St. Peters Cemetery

Location: N. Bentalou St. - Balto.

18. Funeral director: Charles P. Powell

Address: 2427 Edmondson Ave

19. 6/3/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 31, 1940, at 3:20 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27, 1937, to May 31, 1940 and that I last saw him alive on May 31, 1940

Immediate cause of death	DURATION
chronic myocarditis	Indef.
Due to: Generalized arteriosclerosis	"
Due to:	
Other conditions: Dementia praecox	26 years

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: As above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert L. Gardner M.D.
M. D. or other

Address: Spring Grove State Hosp. Date signed: 6-3-40

COUNTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 1 1940
BUREAU OF S.

05216

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Balto
City or town: Sparrow Point Steel Works
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1208 N. Wolf St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1208 N. Wolfe St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Jeffries

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6(c) if alive, give age years

7. Birth date of deceased (mo., day, yr.): May 1917

8. AGE: Years 23 | Months 11 | Days | If less than one day hrs. min.

9. Birthplace: Laurenceville - Va.
(Town, county, and state)
10. Usual occupation: Conductor on crane
11. Industry or business: Bethlehem Steel Co Sparrows Point

FATHER
12. Name: James Jeffries
13. Birthplace: Va

MOTHER
14. Maiden name: Estelle Harris
15. Birthplace: Va

16. Informant: Marvin Harris
Address: 1208 N. Wolf St

17. ~~Lacrosse Va~~ Burial (Burial, cremation, or removal. Which?) Date thereof: 5-12-40 (month) (day) (year)
Cemetery or crematory
Location: Lacrosse Va

18. Funeral director: Sam. W. Chase & Son
Address: 638 N. Gilmor St

19. May 9 1940 (Date rec'd by registrar) Dawson L. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8th 1940, 10-30 am

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~, ~~and that I last saw h alive on 19~~

Immediate cause of death: Accident dislocated neck, fracture skull, lower jaw and left shoulder.
Due to
Due to: Struck by bucket falling from locomotive crane
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~: Accident Date of: 5-8-40
Where did injury occur? Sparrows Point (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?): Industry
Means of injury: falling bucket Injured at work? yes

23. SIGNATURE: W. P. E. Wyse Deputy M Ex
M. D. or other
Address: Pittsburgh Md Date signed: 5-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05217

1. PLACE OF DEATH

County Baltimore (93d) Registration Dist. No. 40

Village or City Baldwin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Jessop If U. S. Veteran, specify WAR —

(a) Residence: No. Sweet Air St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marian Ashbury Jessop

6. DATE OF BIRTH (month, day, and year): May 27, 1864

7. AGE — Years: 75 Months: 11 Days: 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Mechanic (Farm work)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm Implements

10. Date deceased last worked at this occupation (month and year): 1 year

11. Total time (years) spent in this occupation: 54 yrs

12. BIRTHPLACE (city or town) (State or country): Long Green Balto. County

FATHER

13. NAME: George W. Jessop.

14. BIRTHPLACE (city or town) (State or country): Dulaney Valley

MOTHER

15. MAIDEN NAME: ~~Hanna~~ Elizabeth Hall

16. BIRTHPLACE (city or town) (State or country): Long Green Balto. Co.

17. INFORMANT (Address): Joshua Jessop.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Chestnut Grove Cemetery Date May 21, 1940

19. UNDERTAKER (Address): A. Reiley Slade 4907 Harford Road

20. FILED 5/19, 1940 Walter M. Hamnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to May 18, 1940

I last saw him alive on May 18, 1940; death is said to have occurred on the date stated ebova, at 7:30 a.m.

Tha **PRINCIPAL CAUSE OF DEATH** and related causes of importance were es follows:

Apoplexy — Date of onset May 17, 1940

Arteriosclerotic Heart Disease — Date of onset Apr. 1936

Dther **Contributory Causes** of importance:

Name of operation — Dete of

What test confirmed diagnosis? — Was there an aulopsy? No

23. If dealh wes due to external causes (VIOLENCE) fill in also the following:

Accidanl, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in eny way related to occupation of deceased? No

If so, spacify

(Signed) Clifford T. Hudson M. D.

(Address) York, Md. 5/19/40

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 4 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05218

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 0 yrs., 0 mos., 29 das.

Stay in this community (yrs., or mos., or days): 0 yrs., 0 mos., 29 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Capitol Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Andrew D. Johnson

3. (b) Social Security Number: 577-07-7420

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Elsie D. Johnson

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): February 14, 1884

8. AGE:

Years	Months	Days	If less than one day
56	3	16	____ hrs. ____ min.

9. Birthplace: Washington, D. C.
(Town, county, and state)

10. Usual occupation: Meter Inspector

11. Industry or business: Unknown

FATHER
12. Name: Andrew J. Johnson
13. Birthplace: Charles County, Maryland

MOTHER
14. Maiden name: Mary Storey
15. Birthplace: Charles County, Maryland

16. Informant: Eleanor Pearson
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 3, 1940 (month) (day) (year)

Cemetery or crematory: Congressional Cemetery

Location: Washington, D. C.

18. Funeral director: W. W. Chambers

Address: 517 - 11th St., S.E., Washington, D. C.

19. May 30, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30, 1940, at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940, to May 30, 1940, and that I last saw him alive on May 30, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 yrs.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Dt operations: Thoracotomy January 1940. Extrapleural Pneumonolysis Apr. 1940
Dt autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Stewart A. Shaffer M.D.
M.D. or other

Address: Mount Wilson, Md. Date signed: 5/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05219

1. PLACE OF DEATH

County Balto Registration Dist. No. 31

Village or City Pikesville No. Campfield Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Johanna C. Kaline If U. S. Veteran, specify WAR

(a) Residence: No. ~~Augsburg Home~~ 274 London Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Kaline

6. DATE OF BIRTH (month, day, and year) April 6th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
81	0	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Albrecht

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Augusta Sander

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Augsburg Home Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 8th 1940

19. UNDERTAKER (Address) Mrs Chas A. G. Rohde 2327 Edmondson Ave

20. FILED May 6, 1940 Wm E Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 5th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1940, to 5/5, 1940

I last saw her alive on May 4, 1940; death is said to have occurred on the date stated above, at 5:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1) - Pleurisy and Broncho-pneumonia -	- 2 wks.
2) -	

Other Contributory Causes of importance:

1) - Acute cardiac failure	4 days
2) ~~Myocardial degeneration~~ Arteriosclerotic C.V.D.	?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? - No

If so, specify Earl L. Chambers

(Signed) 4108 Liberty Hts. Ave M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUN 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 05220

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County BALTIMORE
(b) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 508 PARK AVENUE
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 18 YRS.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 PARK AVENUE (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** ANNIE ELIZA KANE

3 (b) If veteran, name war ____ | 3 (c) Social Security No. ____

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) MAR. 1, 1866

8. **AGE:** Years: 74 | Months: 2 | Days: 17 | If less than one day: ____ hr. ____ min.

9. Birthplace DULANEY VALLEY, MD. (Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name BERNARD KANE
13. Birthplace IRELAND

MOTHER
14. Maiden Name BRIDGET HANDLEY
15. Birthplace IRELAND

16 (a) Informant THOMAS J. KANE
(b) Address 508 PARK AVE., TOWSON, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 21, 1940 (month) (day) (year)
(c) Cemetery or crematory MT. MARIE (CATHOLIC)
Location TOWSON, MARYLAND

18 (a) Funeral director John Thomas' Sons
(b) Address Towson, Maryland

19 (a) May 20, 1940 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death MAY 18 1940, at 2:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1938, to May 1940, and that I last saw him alive on May 17 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5-4-40
Due to: Hypertension
Due to: ____
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ____
(e) Means of injury ✓

23. Signature Robert W. Allison, M. D. or other
Address 4 Bealeigh St. Towson, Md. Date signed 5-19-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 12 1940
BUREAU V.A.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05221

V. S. No. 1 (Rev. 1939)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (932)

County Baltimore Registration Dist. No. 38

Village or City Parkville No. 7820 Wilson Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Keys If U. S. Veteran, specify WAR

(a) Residence: No. 7820 Wilson Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie L. Keys

6. DATE OF BIRTH (month, day, end year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Mr. James L. Keys
(Address) 7820 Wilson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Camp Chapel Cem. Date May 9, 1940

19. UNDERTAKER Langsdale Funeral Home
(Address) 7401 Belair Road

20. FILED 5/7, 1940 G. W. Bacon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 7 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1930, to May 6, 1940

I last saw him alive on May 6, 1940; death is said to have occurred on the date stated above, at 4A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1925
Oedema of Lungs	5/6/40

Other **Contributory Causes** of importence:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) G. W. Bacon M. D.

(Address) Parkville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JUN 5 1940
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-9)

CERTIFICATE OF DEATH

05222

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Rural near Freeland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 mo 8 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infants give residence of mother)

State: Maryland. County: Baltimore.

City or town: Rural near Freeland. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: West of Freeland.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank Burton Krout Jr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 23, 1940.

8. AGE: Years | Months: 1 | Days: 8 | If less than one day: hrs. min.

9. Birthplace: ~~Towson~~, Md. Baltimore
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Frank B Krout

13. Birthplace: White Hall, Md.

MOTHER — 14. Maiden name: Annie Elizabeth Young

15. Birthplace: White Hall, Md.

16. Informant: Frank Krout.

Address: Freeland, Maryland.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: May 4, 1940. (month) (day) (year)

Cemetery or crematory: Evony Cemetery

Location: West of Hereford, Md.

18. Funeral director: Jacob Hartenstein

Address: New Freedom, Pa.

19. May 2 1940 (Date rec'd by registrar) Samuel D. Miller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1st 1940, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30th 1940, to May 1st 1940, and that I last saw h— alive on April 30th 1940.

Immediate cause of death	DURATION
Hemiplegia Blood of Foramen Ovale malnutrition	4 days
Due to Acute Dermatitis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: D M Reese M D.
M. D. or other

Address: Hampstead Md Date signed: 5/1/40

Called Balto. City Health and verified place of birth. 8/23/40 B.

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05223

30

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Catonsville, Daughters of the Eucharist Home maiden Choice Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lennon

(a) Residence: No. Daughters of the Eucharist St., Ward

Maiden Choice Lane, Catonsville

129 West Lee St. Baltimore, Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 28 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Martin Lennon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Loftus

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Patrick Murphy (Address) 230 W 97 St New York N.Y.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date May 6, 1940

19. UNDERTAKER Bernard C Harle (Address) 121 E West St

20. FILED 5/4, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 2, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to May 2, 1940

I last saw her alive on May 2, 1940; death is said to have occurred on the date stated above, at 9.20 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Glaucoma	
Cardiac Hypertension	Not
Chronic Nephritis	
Diabetes Mellitus	Known

Other Contributory Causes of importance:

Acute Cardiac Dilatation	May 2, 1940

Name of operation no Date of

What test confirmed diagnosis? Physical & Laboratory Examination Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East West Street Baltimore Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-1)

CERTIFICATE OF DEATH

05224

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 7 mos., 10 days.

Hospital, institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 2 yrs., 7 mos., 10 days.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Jappa (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Catherine Leslie

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Daniel Leslie

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73?	6	13	..... hrs. ..... min.

9. Birthplace: Philadelphia Pa (Town, county, and state)

10. Usual occupation: Laundress

11. Industry or business: Laundry

FATHER 12. Name: James F McQuade

FATHER 13. Birthplace: Philadelphia Pa

MOTHER 14. Maiden name: Rose Wiley

MOTHER 15. Birthplace: Australia

16. Informant: Hospital Records

Address

17. Burial, cremation, or removal. Which? Burial Date thereof: 5 (month) 29 (day) X0 (year)

Cemetery or crematory: Trinity Lutheran Ch.

Location: Jappa Md

18. Funeral director: Howard K Malone

Address: Harford Co Md

19. 5 27 19 40 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26, 1940, at 7:55 p. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 16, 1937 to May 26, 1940 and that I last saw her alive on May 26, 1940

Immediate cause of death: Acute bronchopneumonia, left side — Duration: 7 days

Due to: Hypertensive heart disease — Before 1937

Due to: Generalized arteriosclerosis — Before 1937

Other conditions: Cerebral arteriosclerosis — Before 1937

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.:

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): No

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed: 5/27/40

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JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05225

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore.

City or town Rural near Parkton,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Frederick - 4 wks.

Stay in this community (yrs., or mos., or days) 8 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Fredrick

City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY, 21, 1895

8. AGE:

Years	Months	Days	If less than one day
45		4	hrs. min.

9. Birthplace Cumberland, (Town, county, and state) Md.

10. Usual occupation

11. Industry or business

FATHER 12. Name Charles A. Lewis

FATHER 13. Birthplace Fredricksburg Va.

MOTHER 14. Maiden name Anna M. Iffine

MOTHER 15. Birthplace Balto. Md.

16. Informant Mary Wise

Address Parkton maryland.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof MAY-27-1940 (month) (day) (year)

Cemetery or ~~crematory~~ St Patricks

Location Cumberland Md.

18. Funeral director Jacob Harlenstein

Address New Freedom, Pa.

19 May 25 1940 (Date rec'd by registrar) Edgar L. Preston Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1940, at 7:22 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to May 25 1940, and that I last saw h alive on May 24 1940.

Immediate cause of death	DURATION
Tuberculous Meningitis	1 mo
Due to Pulmonary tuberculosis	10 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul O. Shaub M.D.
M. D. or other

Address Shrewsbury, Pa. Date signed 5-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05226

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1 yr., 10 mos., 12 das.

Stay in this community (yrs., or mos., or days): 1 yr., 10 mos., 12 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Eastport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 418 - 2nd Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Owen Bennett Lewis

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Florence E. Lewis

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): March 5, 1890

8. AGE: Years	Months	Days	If less than one day
50	2	25	____ hrs. ____ min.

9. Birthplace: Sudley, Maryland
(Town, county, and state)

10. Usual occupation: Proprietor

11. Industry or business: Grocery Store

FATHER
12. Name: Owen D. Lewis
13. Birthplace: West River, Maryland

MOTHER
14. Maiden name: Mary E. Smith
15. Birthplace: West River, Maryland

16. Informant: J. Frank Spalding
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 2, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Bluff Cemetery

Location: Annapolis, Maryland

18. Funeral director: B. L. Hopping

Address: Annapolis, Maryland

19. May 30, 1940 (Date rec'd by registrar)

J. Frank Spalding
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30, 1940, at 6:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1938, to May 30, 1940, and that I last saw him alive on May 30, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5 yrs., 7 mos.

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M.D. or other

Address: Mount Wilson, Md. Date signed: 5/30/40

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05227

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md. No. 6501 Frederick Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs Catherine Lorenz If U. S. Veteran, specify WAR

(a) Residence: No. 6501 Frederick Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul C. Lorenz

6. DATE OF BIRTH (month, day, and year) July 6-1893

7. AGE Years 46 Months 10 Days 9 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Wheltle

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Bessie Haron

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Paul C. Lorenz (Address) 6501 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date May 18, 1940

19. UNDERTAKER George L. Schwab (Address) 2101 Frederick Ave

20. FILED 5/16, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 15 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933, 19__, to May 16th, 1940

I last saw her alive on May 7th, 1940; death is said to have occurred on the date stated above, at 10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-15-40

Other Contributory Causes of importance: Hypertension

Name of operation None Date of ✓

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? / Date of injury ✓, 19__

Where did injury occur? / (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert H. Allison M. D.

(Address) [illegible] E. Preston

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 17 1940
BUREAU V S

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94-a)

Reg. Dist. No. 41

05228

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Baltimore County

(b) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 18 Midship Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 15 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 Midship Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Ida Frances Lowing

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: John W. Lowing

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 6, 1887

8. AGE: Years 52 | Months 9 10 | Days 30 | If less than one day ____ hr. ____ min.

9. Birthplace York County (Town Grove) Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business "

FATHER 12. Name Morterlle Matthews

13. Birthplace Town Grove, Pa.

MOTHER 14. Maiden Name Mary Williams

15. Birthplace Lancaster County, Pa.

16 (a) Informant Husband

(b) Address 18 Midship Rd. Dundalk

17 (a) Town Grove Pa (Burial, cremation, or removal) (b) Date thereof May 10 1940 (month) (day) (year)

(c) Cemetery or crematory Town Grove Pa

Location Town Grove Pa

18 (a) Funeral director H. Howard Hitt

(b) Address Town Grove Pa

19 (a) 5/7/40 (Date rec'd by registrar) (b) W. McCarmack Registrar

MEDICAL CERTIFICATION

20. Date of death May 7 1940, at 3:01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 10 1939, to May 7 1940, and that I last ~~saw him~~ saw her alive on May 7 1940.

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to Essential Hypertension and arteriosclerotic Heart disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Helen G. Evans, M.D. M. D. or other

Address 55 Dundalk Ave Dundalk, Md. Date signed May 7, 1940

RECEIVED
JUN 3 1940
BUREAU, V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05229

1. PLACE OF DEATH

County Baltimore (93d) Registration Dist. No. 32

Village or City Mt. Washington No. 6047 Falls Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Lifelong yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua F. Martin. If U.S. Veteran specify WAR

(a) Residence: No. 6047 Falls Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary F. Martin.

6. DATE OF BIRTH (month, day, and year): Oct 24, 1864

7. AGE: Years 75 | Months 7 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: machinist.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Joshua M. Martin

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth A. Parks

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mary F. Martin. (Address) 6047 Falls Road

18. BURIAL, CREMATION, OR REMOVAL: Poplar, Balto Co. Md Date June 1, 1940

19. UNDERTAKER: Chenoweth & Donovan. (Address) 3615-17 Chestnut Ave

20. FILED 5-31, 1940 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 29, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1939, to May 29, 1940

I last saw him alive on May 28, 1940; death is said to have occurred on the date stated above, at 12 15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5/11/40
Cardiac Dilatation	5/29/40

Other Contributory Causes of Importance:

Arteriosclerosis	Nov. 9, 1939
Myocarditis, Chronic.	5/21/40
Duration: three years. CWGR.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Martin M. D.

(Address) 4037 Falls Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUN 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (946)

Reg. Dist. No. 38

05230

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: "Dumbarton House"

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MARYLAND (b) County BALTIMORE

(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)

(d) Street No. "DUMBARTON HOUSE" (If rural give location)

(e) If foreign born, how long in U. S. A.? X X years

3 (a) FULL NAME DAVID GREGG McINTOSH Jr

3 (b) If veteran, name war X X

3 (c) Social Security No. X X

4. Sex male

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed, or divorced.~~ Rieman

6 (b) Name of ~~husband or~~ wife Charlotte R. McIntosh

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 1st 1877

8. AGE: Years 62 Months 10 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace TOWSON BALTIMORE COUNTY Md. (Town, county, and state)

10. Usual occupation LAWYER

11. Industry or business

FATHER

12. Name DAVID GREGG McINTOSH

13. Birthplace DARLINGTON SOUTH CAROLINA

MOTHER

14. Maiden Name VIRGINIA J. PEGRAM

15. Birthplace RICHMOND, VIRGINIA.

16 (a) Informant J. RIEMAN McINTOSH

(b) Address TOWSON, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (month) 11th (day) 1940 (year)

(c) Cemetery or crematory St. THOMAS' CHURCH

Location GARRISON FOREST, Md

18 (a) Funeral director Henry W. Jenkins & Sons Co

(b) Address McCulloh & Orchard Sts

19 (a) May 10/40 (Date rec'd by registrar) (b) [illegible] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. Date of death 5/9 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939, to 5/9 1940, and that I last saw him alive on 5/9 1940.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter A. Baetzer M. D. or other

Address 1115 St Paul St Date signed 5/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Baetjer
1115 St Paul

Jenkins & Sons -

RECEIVED
JUN 15 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

151-(2)

05231

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days) 14 days

Stay in this community (yrs., or mos., or days) 14 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 925 Leeds Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ms. Mabel Fanny Mooney Michael

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Peter M. Michael

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1882

8. AGE: Years	Months	Days	If less than one day
58	2	15	hrs. min.

9. Birthplace Balto. City, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Alexander T. Mooney

13. Birthplace Md.

MOTHER 14. Maiden name Lydia A. Parks

15. Birthplace Md.

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 11 1940 (month) (day) (year)

Cemetery or crematory Loudon Park Cemetery

Location Baltimore City

18. Funeral director E. B. Hupfeld & Son

Address 1300 Eutaw Place

19. May 9 1940 (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 11:52 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940, to May 9 1940, and that I last saw h er alive on May 7 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	Terminal
Due to Chronic hypertension	13yrs +
Due to cardio vascular renal disease.	Unknown
Due to Arteriosclerosis	Unknown
Other conditions Psychosis	1 month

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Arthur E. Pattrell, M. D. M. D. or other

Address Sheppard-Pratt Hospital Date signed

Towson, Md.

RECEIVED
MAY 25 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05232

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (1a)

County Baltimore — Registration Dist. No. 40

Village or City (Town) Glen Arm — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Alice Monks — If U. S. Veteran, specify WAR —

(a) Residence: No. — St., — Ward. —

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: W. Taylor Monks

6. DATE OF BIRTH (month, day, and year): May 9 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	64	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Bel Air (State or country) Md

FATHER

13. NAME: John Tingan

14. BIRTHPLACE (city or town): near Bel Air (State or country) Md

MOTHER

15. MAIDEN NAME: Eliz Ann Wann

16. BIRTHPLACE (city or town): near Bel Air (State or country) Md

17. INFORMANT: John Monks (Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Tabor — Date May 22, 1940

19. UNDERTAKER: Deaver & Foster (Address) Bel Air Md

20. FILED 5/20/40, 19 — W. M. Hammett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 20 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1940, to May 20, 1940

I last saw her alive on May 19, 1940; death is said to have occurred on the date stated above, at 5.45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	Sept. 1930

Other Contributory Causes of importance:

Name of operation Pan Hysterectomy. Date of 1930

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Chas H. Hudson M. D.

(Address) Fork, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUN 4 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

05233

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 yrs. 9 months

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Home

City or town Baltimore City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 680 Indiana ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary B. Mundhank

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Henry Mundhank

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Unknown Sept. 1863

8. AGE:

Years	Months	Days	If less than one day
76			____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name ? Burgraff

13. Birthplace Germany

MOTHER

14. Maiden name Mary Barbara ?

15. Birthplace Germany

16. Informant Charles Mundhank. Son

Address 1805 Wilkens ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10/40. (month) (day) (year)

Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd

18. Funeral director Harry H. Mitzke

Address 701 Edmondson Ave.

19. 5/9 1940 (Date rec'd by registrar) Registrar

Catonsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940 19 4, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940, to May 7 1940, and that I last saw h e alive on May 7 1940.

	DURATION
Immediate cause of death Arteriosclerotic gangrene	5 weeks
Due to arteriosclerosis	Unk
Due to	
Other conditions Arteriosclerotic heart dis ease	Unk

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lewis Danziger M. D.

M. D. or other

Address Spring Grove Hospital Date signed 5-7-40

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

05234

Reg. Dist. No. 038

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Cub Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cromwell Bridge Rd
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Cub Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Cromwell Bridge Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marjorie H. Murray

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 27th 1939

8. AGE: Years	Months	Days	If less than one day
6		25	hrs. min.

9. Birthplace: Balto. Co. Md. (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business

FATHER
12. Name: John C. Murray
13. Birthplace: Balto. Co. Md.

MOTHER
14. Maiden name: Marjorie Henderson
15. Birthplace: Balto. Co. Md.

16. Informant: Father
Address: Cromwell Bridge Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 25 1940 (month) (day) (year)
Cemetery or crematory: Pine Grove
Location: Parkton Md.

18. Funeral director: Hassahn Funeral Home
Address: 7401 Belair Rd.

19. 5/23 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22nd 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 22 1940, and that I last saw h-- alive on May 22 1940.

Immediate cause of death	DURATION
Bronchopneumonia	36 hrs.
Due to	
Due to	
Other conditions: Cleft palate	6 mo.

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: S. A. Alessi M.D.
M. D. or other
Address: 6417 Harford Rd. Date signed: 5/23/40

RECEIVED
JUN 5 1940
BUREAU V. S.

05235

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(51-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH

County: Balto

City or town: Ellicott City Rural P.O.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: None

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Ellicott City Rural P.O.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rock Haven Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: James Edward Norris

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Annie Lee Norris

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 16, 1855

8. AGE: Years: 84 Months: 7 Days: 27 If less than one day ..... hrs. ..... min.

9. Birthplace: Georgetown DC
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Edward Norris
13. Birthplace: Md.

MOTHER
14. Maiden name: Emaline Appelby
15. Birthplace: Md.

16. Informant: Ernest Norris
Address: Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5-16-40 (month) (day) (year)

Cemetery or crematory: St Mary's Cem.

Location: Hamden

18. Funeral director: F C Higinbothom Jr
Address: Ellicott City Md.

19. 5/15 19 40 (Date rec'd by registrar) H L Andrews Registrar

COUNTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-13 1940 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1939 to 5-13 1940 and that I last saw him alive on 5-13- 1940

Immediate cause of death: Carcinoma of Prostate — DURATION: 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: George E. Bingtorf MD
M. D. or other

Address: Ellicott City Md Date signed: 5-13-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 3 1940
BUREAU V. S.

87

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (117-a)

Reg. Dist. No. 44

CERTIFICATE OF DEATH

05236

1. PLACE OF DEATH:
(a) County Baltimore.
(b) City or town Essex
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Townsend ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. Townsend Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Thomas Nowowieski

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male | 5. Color or race: Wt | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 12 | Months | Days | If less than one day: hr. min.

9. Birthplace Essex.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Walter Nowowieski
13. Birthplace Poland.

MOTHER
14. Maiden Name Frances Etman.
15. Birthplace Baltimore.

16 (a) Informant Walter Nowowieski.
(b) Address Essex Md.

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof May 15 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location German Hill Rd

18 (a) Funeral director John J. Duda
(b) Address 2829 Baldwin St.

19 (a) 5-13-40 (Date rec'd by registrar) (b) John D. Conelly Registrar

MEDICAL CERTIFICATION

20. Date of death May 12, 1940, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940, to May 12 1940, and that I last saw him alive on May 12 1940.

Immediate cause of death	Duration
Gastric hemorrhage	24 hrs.
Due to Acute ulcer, gastric	
Due to	
Other conditions Paraplegia, residual from Pneumococcic Meningitis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Allen M.D.
M. D. or other
Address Jacksburg Date signed 5-12-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

15537

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3106 Glendale ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Orr

3. (b) Social Security Number:

4. Sex: Female | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 11, 1931

8. AGE: Years: 8 | Months: 7 | Days: 0 | If less than one day: hrs. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: Edward W. Orr
13. Birthplace: New London Conn.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

Personal History - Hospital Records

18. Informant:

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 13th 1940 (month) (day) (year)

Cemetery or crematory: Parkwood

Location: Baltimore Maryland

18. Funeral director: Lassahn, Funeral Home

Address: 7401 Belair Road

19. May 12 1940 (Date rec'd by registrar) A. M. Paron Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1940, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1938, to May 11 1940, and that I last saw her alive on May 11 1940.

Immediate cause of death: Pulmonary tuberculosis — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed:

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05238

Reg. Dist. No. 4 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 19 Days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: —

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 401 Suffold Road.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Anna Hilgartner Parks.

3. (b) Social Security Number: Unk

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

B (b) Name of husband or wife: Stewart Gordon Parks.

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): June 14. 1900

8. AGE:

Years	Months	Days	If less than one day
39	10	22	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home.

FATHER
12. Name: Andrew Hilgartner
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Adella Thomas.
15. Birthplace: Baltimore, Md.

16. Informant: Personal History-Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/8/40 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville, Md.

18. Funeral director: H. W. Mears and Son

Address: 805 N. Calvert Street

19. May 7 1940 (Date rec'd by registrar) By Geo. M. Gaston Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1940, at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1940, to May 5 1940 and that I last saw her alive on May 5 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Dec 1939
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
JUN 15 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05239

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 7 Ridge Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Henry P. Parr If U. S. Veteran, specify WAR ___

(a) Residence: No. 7 Ridge Road St., Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa (Ulrich)

6. DATE OF BIRTH (month, day, and year) April 11, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
83	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clothing cutter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John G. Parr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Reese

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank L. Parr (Address) 7 Ridge Rd - Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 20, 1940

19. UNDERTAKER Harry H. Wiltshe (Address) 401 Edmondson Ave

20. FILED 5/21, 19 40 [signature] Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1940, to May 19, 1940

I last saw him alive on May 19, 1940; death is said to heve occurred on the date steted above, at 1:10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	8 yrs.
Cardiac dilatation -	3 weeks.
Other Contributory Causes of importance: Myocardial Insufficiency	3 da

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in eny way related to occupation of deceased? ___

If so, specify ___

(Signed) E. M. Moore M. D.

(Address) 806 N. Fulton Av.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-d)

05240

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Arbutus Ave P.O. #7333

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 39 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Arbutus Avenue
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Charles Boone Pierce

3. (b) Social Security Number: 705-05-4055

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Florence Parsons Pierce

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 20, 1870

8. AGE: Years 70 | Months 3 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Luray, Virginia
(Town, county, and state)

10. Usual occupation: Telegraph Operator

11. Industry or business: B & O. R.R.

FATHER
12. Name: Alson Guthrie Pierce
13. Birthplace: Groton City, N.Y.

MOTHER
14. Maiden name: Sarah Frances Warren
15. Birthplace: Green County, Va.

16. Informant: Mrs. Florence Pierce
Address: Halethorpe, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 11, 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville, Maryland

18. Funeral director: William Cook
Address: 1217 St. Paul St.

19. May 9 1940 (Date rec'd by registrar) Geo. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 1940, at 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 4 1940, to May 8 1940, and that I last saw him alive on May 8 1940.

Immediate cause of death: Bronchopneumonia terminal carcinoma of lung

Due to: Myocarditis chronic

Due to:

Other conditions: Senility General arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no

DURATION: 4 days; 4 mo.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: B B Brumbaugh M. D. or other
Address: Elkridge Md Date signed: 3/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MAY 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124-2)

05241

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: Balto. Augsburg Home

County Balto

City or town Pikesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Campfield Rd

Stay in hospital or inst. (yrs., or mos., or days) 8 yrs.

Stay in this community (yrs., or mos., or days) 8 "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Pikesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Campfield Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie E. Poormann

Previous Residence 1016 Center Ave Reading Pa.

3. (b) Social Security Number None

4. Sex F

5. Color or race W.

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

8 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 29, 1866

8. AGE: Years 74 Months 3 Days 19 If less than one day hrs. min.

9. Birthplace New York City (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Samuel

13. Birthplace Unknown ?

MOTHER 14. Maiden name Elizabeth ?

15. Birthplace Unknown

16. Informant Mr. Theo. Ratenkamp

Address Campfield Rd.

17. Burial (Burial, cremation, or removal Which?) Date thereof May 23, 1940 (month) (day) (year)

Cemetery or crematory Shoops Church Cem.

Location Harrisburg Pa

18. Funeral director Louis Heemann & Son

Address 32 S Broadway

19. 5/20 1940 E. E. Nichols (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to May 18 1940, and that I last saw her alive on May 18th 1940.

Immediate cause of death 1) - Portal Cirrhosis of liver

Due to

Due to

Other conditions Arterio-Sclerotic Heart Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No.

DURATION: 1 year. 6 months.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl L. Chambers M. D. or other

Address 4108 Liberty Hts Ave Date signed 5/19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-d

CERTIFICATE OF DEATH

05242

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Ruxton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Ruxton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Carrollton Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Frank Merritt Preston

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband/wife: Evelyn L. Preston
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 10, 1894

8. AGE: Years	Months	Days	If less than one day
45	9	24	..... hrs. ..... min.

9. Birthplace: Piermont, New York
(Town, county, and state)
10. Usual occupation: Mgr. Paste Board Mill
11. Industry or business: Acme Paper Board Company

FATHER
12. Name: Charles Preston
13. Birthplace: Brooklyn, New York

MOTHER
14. Maiden name: Elizabeth Merritt
15. Birthplace: Piermont, New York

16. Informant: Mrs. Evelyn L. Preston
Address: Carrollton Avenue, Ruxton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6, 1940 (month) (day) (year)
Cemetery or crematory
Location: Sparkill, New York

18. Funeral director: William J. Tickner & Sons, Inc.,
Address: North & Pennsylvania Avenues,

19. 5/4 1940 (Date rec'd by registrar) G.M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4, 1940, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18 1940, to May 4 1940
and that I last saw h/m alive on May 3 1940

Immediate cause of death	DURATION
Carcinoma - Lung	
Due to: Metastasis to Liver	
Due to: Subcutaneous tissues	
Due to: Supra clavicular glands	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓
Date of op.
Autopsy results: ✓
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Walter C Baxter M. D. or other
Address: 115 St Paul St Date signed May 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V. S.

Walter Baethjer
1115 St Paul St.

05243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Years

Hospital, Institution, or street address where death occurred: 6 Hilton Avenue

How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 6 Hilton Avenue (If rural, give LOCATION)

2.(a) If veteran, name war ---

3.(a) FULL NAME Louise Quandt

3.(b) Social Security Number ---

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife Dr. Arthur Quandt

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1868

8. AGE: Years 71 | Months 5 | Days 17 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Schindhelm
13. Birthplace Germany

MOTHER
14. Maiden name Mary Holler
15. Birthplace Germany

16. Informant Mr Frederick Schindhelm

Address 3401 Foster Avenue.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15th 1940 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Md.

18. Funeral director Wm. J. Tickner & Sons.

Address North & enna Aves.

19. 5/14 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 8.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1935, to May 12 1940 and that I last saw her alive on May 12 1940

Immediate cause of death	DURATION
Chr. Myocarditis	6 mon
Due to Hypertension	3 yrs
Due to Arterio Sclerosis	6 yrs
Other conditions Hyper trophic Arthritis (Include pregnancy within 3 months of death)	10 yrs

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to exteroal causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E Howell M. D. or other

Address Catonsville Date signed 5/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

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MAY 28 1915
BUREAU V. S.

Dr J. G. Howell
715 Frederick Ave. Catonsville.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05244

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Reisterstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:
Mount Pleasant

How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Dundalk
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1908 Snyder Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME V. CECELIA RHEA

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Married

6.(b) Name of husband or wife: Albert L. Rhea

6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Sept. 14, 1912

8. AGE: Years	Months	Days	If less than one day
27	8	5	....hrs. ....min.

9. Birthplace: United States
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: none

FATHER
12. Name: Adam Walas
13. Birthplace: Poland

MOTHER
14. Maiden name: Rosalie ?
15. Birthplace: Poland

16. Informant: Dedeased
Address: same

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 22, 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Baltimore, Md.

18. Funeral director: G. Howard Evans

Address: 1405 S. Charles St. Baltimore Md.

19. May 19 19 40 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 19 40, at 4:25A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 19 40, to May 19 19 40 and that I last saw h...er alive on May 19 19 40

Immediate cause of death	DURATION
Chronic Pulmonary Tuberculosis	unknown
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Samuel Lyster M.D
M. D. or other

Address: Mt. Pleasant Reisterstown, Md. Date signed: May 19, 1940

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MAY 22 1940
BUREAU V. S.

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

CERTIFICATE OF DEATH

05245

Reg. Diat. No. 30

1. PLACE OF DEATH

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs. 1 mo. 17 da.

Hospital, institution, or street address where death occurred: Spring Grove State Hosp.

How long in hospital or institution? 4 yrs. 1 mo. 17 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 303 St. John St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Walter Holland Rouse

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 5, 1874

8. AGE: Years 65 | Months 5 | Days 13 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Havre de Grace, Md. (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: House Constr.

FATHER 12. Name: Stephen Rouse

13. Birthplace: ?

MOTHER 14. Maiden name: Phoebe Hasker

15. Birthplace: ?

16. Informant: Hosp. records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 20 - 1940 (month) (day) (year)

Cemetery or crematory: Angel Hill Cem.

Location: Havre de Grace

18. Funeral director: Pennington & Son

Address: Havre de Grace

19. 5/18/40 (Date rec'd by registrar) — Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION 11:20

20. DATE OF DEATH: May 18 1940 at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 31 1936 to May 18 1940 and that I last saw h[illegible] alive on May 18 1940.

Immediate cause of death: Carcinoma of Liver — DURATION: Indef.

Due to: ____

Due to: ____

Other conditions: Chr. myocarditis — Indef.

Gen. arteriosclerosis — Indef.

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Robert E. Gardner M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 5/18/40

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05246

Reg. Dist. No. 40

1. PLACE OF DEATH:
County: Balto
City or town: Long Green
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 7 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Long Green Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Marie Ryer

3. (b) Social Security Number

4. Sex: Female
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Jacob F. Ryer
6(c) If alive, give age ___ years
7. Birth date of deceased (mo., day, yr.): Jan 7, 1864.

8. AGE: Years 76 | Months 4 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business
FATHER
12. Name: McKnown
13. Birthplace: Md.
MOTHER
14. Maiden name: ✓
15. Birthplace: Md.
16. Informant: Mrs. Edw. Hinchen
Address: Long Green Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: June 1, 1940 (month) (day) (year)
Cemetery or crematory: Holy Redeemer
Location: Balto Md.
16. Funeral director: Hornberger & Goose
Address: Benson, Md.
19 5/31/40 (Date rec'd by registrar) 19 W M Tammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 1940, at 1:25 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1940, to May 29 1940, and that I last saw her alive on May 28 1940.

Immediate cause of death: Cerebral Hemorrhage (Apoplexy)
Due to
Due to: Arteriosclerosis
Other conditions: ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: ✓

DURATION: May 26 1940
a number of years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ✓ Date of: ✓
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ✓
Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: Morris B. Green MD
M. D. or other
Address: 3009 Evergreen Ave Baltimore Md Date signed: May 30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

05247

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Spring Grove Hospital

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Spring Grove, State Hospital

How long in hospital or institution? since February 27, 1940

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County ~~Anne Arundel~~ Calis

City or town Raspeburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. 10 Fullerton Heights Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Fred Schaefer

3. (b) Social Security Number None

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ~~1858~~ July 4, 1857

8. ~~AGE~~ Years 82 Months 10 Days 14 If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Henry Schaefer
13. Birthplace Germany

MOTHER
14. Maiden name Elisabeth Toepfer
15. Birthplace Germany

16. Informant Sister Katie Schaefer

Address 10 Fullerton Heights Ave, Raspeburg

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-20-40 (month) (day) (year)

Cemetery or crematory Spring Grove State

Location Catonsville Hosp.

18. Funeral director

Address Spring Grove State Hosp.

19. 5/20 1940 (Date rec'd by registrar) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1940, at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Februaru 27, 1940, to May 18, 1940

and that I last saw him alive on May 18, 1940

Immediate cause of death Lobar pneumonia, left

DURATION 24 hour

Due to chronic myocarditis

bef. 1940

Due to

Other conditions Psychosis due to cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Else Pappenheim M. D. or other

Address Else Pappenheim Spring Grove Hospital Date signed May 18, 40

RECEIVED
MAY 27 1940
BUREAU V. S.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05248

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #6 Beachwood Ave, St., Evergreen Park, Ward) Registered No. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augustus Albert Schoeler

If U.S. Veteran specify WAR .....

(a) Residence: No. 2429 E. Monument St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Margaret Schoeler

6. DATE OF BIRTH (month, day, year) April 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77 yrs	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood-turner

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Saxony Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Adam Kohler (Address) 2429 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL Place St. Matthews Cem Date May 21 1940

19. UNDERTAKER John G. Miller (Address) 2334 Jefferson St

20. FILED May 18 1940 J. D. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1940

22. I HEREBY CERTIFY, That I attended deceased from May 15 1940 to May 18 1940

I last saw h. alive on May 17 1940 Death is said to have occurred on the date stated above, at 4:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	15 yrs
Arteriosclerotic Heart Disease	2 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (928)

05159

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Idlewylde
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1023 Overbrook Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Idlewylde Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1023 Overbrook Road.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME RUDOLPH SCHAGGER

3. (b) Social Security Number 213-10-9566 (Ross)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Schagger

6(c) If alive, give age 47 Years

7. Birth date of deceased (mo., day, yr.) March 5, 1893

8. AGE: Years	Months	Days	If less than one day
47	2	4	hrs. min.

9. Birthplace Latvia
(Town, county, and state)

10. Usual occupation Rigger Know

11. Industry or business Maryland Dry Dock.

FATHER
12. Name Don't know
13. Birthplace Latvia

MOTHER
14. Maiden name Don't know
15. Birthplace Latvia

16. Informant Mrs. Mary E. Schagger
Address 1023 Overbrook Road.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 11 40 (month) (day) (year)

Cemetery or crematory Balto Cem

Location Balto Md

18. Funeral director John Ulrich

Address 2008 Orleans St.

19. May 10 1940 (Date rec'd by registrar) Deputy Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1937, to 5/9 1940, and that I last saw h~~im~~ alive on 5/9 1940.

Immediate cause of death	DURATION
Mitral valve disease	3 yrs
+ Myocardial degeneration	
Cardiac decompensation	
Due to Rheumatic Fever	Childhood
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H Tener M.D.
M. D. or other

Address 6701 York Rd. Date signed 5/9/40

RECEIVED
MAY 21 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

05250

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County: Baltimore Co.

City or town: Baltimore Co. – Fullerton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6 Henry Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., ~~or mos., or days~~): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto. Co.

City or town: Fullerton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6 Henry Ave – Fullerton
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Wm Henry Shipley

3. (b) Social Security Number: NONE

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Ida V. Shipley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 1 – 1870

8. AGE: Years: 70 Months: 5 (4) Days: 13 14 If less than one day ____ hrs. ____ min.

9. Birthplace: Balto Co.
(Town, county, and state)

10. Usual occupation: Retired Carpenter

11. Industry or business

FATHER
12. Name: Orren Shipley
13. Birthplace: Unknown

MOTHER
14. Maiden name: Hannah France
15. Birthplace: Unknown

16. Informant: Ida V. Shipley
Address: 6 Henry Ave – Fullerton

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May 17 – 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Parkwood

Location: Balto Co. Md

18. Funeral director: William Cook
Address: 1217 St Paul St

19. 5/17 1940 Mrs. S. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1940, 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 15 1940, to May 15 1940, and that I last saw him alive on May 15th 1940.

Immediate cause of death: Myocardial Insufficiency — DURATION: 3 days

Due to: Cerebral Hemorrhage — 2 mos

Due to: Arterio-Sclerosis — 2 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Edwin H Benson
M. D. or other

Address: 1 W. Overlea Ave Date signed: 5/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH 05251

(170-c)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 32

Village or City Catonsville No. Beachwood Nursing Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Frederick & Beachwood Road

2. FULL NAME Sadie Sinsheimer

(a) Residence: No. 1835 Linden Avenue St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Louis Sinsheimer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Hannah Hertzberg

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Edger A Levy
(Address) 2309 Sulgrave Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 21st, 1940

19. UNDERTAKER J. Aherns & Co
(Address) 2432 Reisterstown Road

20. FILED 5/20, 1940 DEPUTY LOCAL Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1940, to May 19, 1940
I last saw her alive on May 18, 1940; death is said to have occurred on the date stated above, at 10:00 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	48 hrs.
Cardiac Insufficiency	4 days
Cardiac Hypertrophy & Dilatation	—
Automobile accident. C.W.&R.	

Other **Contributory Causes** of importance:

Compression Fracture of 11th Dorsal Vertebra, due to an automobile accident.	6 mos.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov. 8, 1939

Where did injury occur? Baltimore, Maryland.
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
at Linden Ave. & North Avenues, Baltimore, Md.

Manner of Injury Automobile accident.

Nature of injury

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Theodore Cooper M. D.

(Address) 2107 Park Ave, Balto. Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUN 3 1940 BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05252

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: ~~Baltimore~~ ~~Howard~~
City or town: Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3½ yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: ~~Howard~~ Baltimore
City or town: Ellicott City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Andrew Jackson Smith

3. (b) Social Security Number: None

4. Sex: male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Zona Tank
6.(c) If alive, give age: 51 years
7. Birth date of deceased (mo., day, yr.): Aug 11 1885

8. AGE: Years: 54 Months: 9 Days: 14 If less than one day: hrs. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Samuel C Smith
13. Birthplace: Virginia
MOTHER 14. Maiden name: Nancy Scott
15. Birthplace: Virginia
16. Informant: Mrs A. J. Smith
Address: Ellicott City Md.
17. Mt Clinton Va Date thereof: May 28 1940 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory: Mt Clinton Va.
Location: At Mt Clinton Va.
18. Funeral director: C. L. McMullen
Address: Harrisonburg Va.
19. May 26, 1940 (Date rec'd by registrar) John B. Loughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940 at 10:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1940 to May 25 1940
and that I last saw him alive on May 25 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	20 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: –
Date of op.
Autopsy results: –
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Lee A. Gorbman, M.D.
M. D. or other
Address: Ellicott City Md. Date signed: 5/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

05253

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville,
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 9 Rognel Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John Joseph Smith

3.(b) Social Security Number: 215-05-6110

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~husband or~~ wife: Mary Gorman Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 20, 1910

8. AGE: Years 30 | Months 1 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace: Catonsville, Maryland
(Town, county, and state)

10. Usual occupation: Driver Salesman

11. Industry or business: Hilton Farms Dairy

FATHER
12. Name: Charles A. Smith
13. Birthplace: Maryland

MOTHER
14. Maiden name: Barbara Bewley
15. Birthplace: Maryland

16. Informant: Mrs. Mary G. Smith

Address: 9 Rognel Avenue

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May 6, 1940
(month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore, Maryland

18. Funeral director: Wm. J. Tickner & Sons, BALTIMORE MARYLAND

Address: North & Pennsylvania Avenues

19. 5/6 1940 [signature] Registrar
(Date rec'd by registrar)

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3, 1940, at 2:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to May 3 1940 and that I last saw h in alive on May 2 1940

Immediate cause of death	DURATION
Coronary Embolus	Sudden
Due to Rheumatic Endocarditis	unknown
Due to Infected Tonsils & Glands of Neck.	Childhood
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Eliot W. Johnson MD
M. D. or other

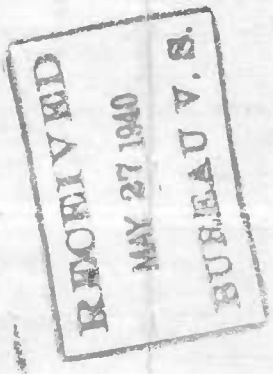
Address: 3432 Frederick Ave Date signed: 5/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. E. W. Johnson
3432 Frederick Rd.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

05254

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: East Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Balto.
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. East Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Joseph P. Stauffer

3. (b) Social Security Number Retired

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances E. Stauffer 6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 18, 1867

8. AGE: Years	Months	Days	If less than one day
73	2	9	hrs. min.

9. Birthplace Kent Co. Md. (Town, county, and state)
10. Usual occupation Retired
11. Industry or business Pipe fitter for B+O R.R.
FATHER 12. Name Stauffer
13. Birthplace Holland
MOTHER 14. Maiden name Mary J. Ashley
15. Birthplace Kent Co. Md.
16. Informant Wife
Address East ave Catony
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29 40 (month) (day) (year)
Cemetery or crematory London Park
Location Balto City Md.
18. Funeral director Linthicum Funeral Home
Address 7401 Belair Rd.
19. May 27 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 1940, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 27 1940, and that I last saw h[im] alive on May 27 1940.

Immediate cause of death	DURATION
Arteriosclerotic Cardio Vascular Renal Disease	1938
Due to	
Due to	
Other conditions Cardiac Decompensation mtl. Anaemia	5/11/40

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. L. Edmunds M.D. M. D. or other
Address 2746 Alameda Blvd Date signed 4/29/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

05255

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 101 Oak Drive

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Warren Strobridge

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28 1859

8. AGE: Years 81 Months 3 Days 26 If less than one day hrs. min.

9. Birthplace San Francisco Cal (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Jerome M. Strobridge

13. Birthplace Mass.

MOTHER 14. Maiden name Rhoda Warren Davol

15. Birthplace Mass.

16. Informant Mr. Richard Hamilton Thompson

Address Cranford - N. J.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27, 1940 (month) (day) (year)

Cemetery or crematory London Park

Location Baltimore - Md

18. Funeral director Wm J Tickner Sons

Address North & Pa

19. 5/26 1940 (Date rec'd by registrar) H. Andrews Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1940, to May 24 1940, and that I last saw her alive on May 24 1940

	DURATION
Immediate cause of death: Cerebral Hemorrhage	4 hrs.
Due to: Arterio Sclerosis	10 yrs
Due to	
Other conditions: Chr Nephritis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James M Howell M. D. or other

Address Catonsville Date signed 5-25-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wm J. Howell
Ca. 252

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92C)

05256

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 42 Bloomsbury Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: 213-03-8847 (Ross)

3. (a) FULL NAME
MR. RICHARD SWINDELL T ALL {TALL}

3. (b) Social Security Number
None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine L. Tall
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb. 17, 1884
8. AGE: Years 56 Months 2 Days 29 If less than one day ____ hrs. ____ min.
9. Birthplace: Baltimore City (Town, county, and state)
10. Usual occupation: Gas & Electric Light Co.
11. Industry or business
FATHER
12. Name: John L. Tall
13. Birthplace: Baltimore, Maryland
MOTHER
14. Maiden name: Lydia Swindell
15. Birthplace: Baltimore, Maryland
16. Informant: Mrs. Catherine L. Tall (wife)
Address: 42 Bloomsbury Ave..
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 18, 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Maryland
18. Funeral director: per Jd. F. B. Wippert & Son
Address: 1300 EUTAW PLACE.....V
19. 5/18 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15, 1940 19 12: A.M. at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-9- 1940 to 5-15- 1940, and that I last saw him alive on 5-14- 1940.
Immediate cause of death: cardiac decompensation — DURATION: 1 mo
Due to: organic heart disease valvular — 15 yrs.
Due to: Rheumatism — 15 yrs.
Other conditions: Peptic ulcer — 11 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: ...NO.....

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: S. Demarest [signature] M. D. or other
Address: 501 Medical Arts Bldg. Date signed: 5/17/40

DEPUTY LOCAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-L)

Reg. Dist. No. 30

05257

CERTIFICATE OF DEATH

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Beechwood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Baltimore

(c) City or town: Baltimore Highlands (If outside city or town limits, write RURAL and give town)

(d) Street No.: Baltimore Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? 57 years

3 (a) **FULL NAME**: Sophia Tenney

3 (b) If veteran, name war	3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife: Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 25, 1866

8. AGE: Years	Months	Days	If less than one day
73	4	8	hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Unknown

13. Birthplace: Germany

MOTHER

14. Maiden Name: Unknown

15. Birthplace: Germany

16 (a) Informant: Mrs. Buckney S. Sewell

(b) Address: 520 Anneslie Rd., Stoneleigh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (month) (day) (year)

(c) Cemetery or crematory: Lorraine Cemetery

Location: Woodlawn, Md.

18 (a) Funeral director: M. Donovan

(b) Address: 1004 W. Baltimore St.

19 (a) 5/6/40 (Date rec'd by Registrar) (b) [signature] Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. Date of death May 3 1940, at 5-40 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to May 3 1940

and that I last saw him alive on May 3 1940

Immediate cause of death	Duration
Acute dilatation of heart	
Due to	
Due to Cardiovascular disease	3 yrs
Other conditions Edema (Include pregnancy within 3 months of death)	1 day

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Geo. McKieffer M.D. or other

Address 2470 Washington Blvd Date signed 5-3-40

RECEIVED
JUN 3 1910
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05258

92b

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Lansdowne No. Hoffman Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Anthony Torkov If U. S. Veteran, specify WAR

(a) Residence: No. Hoffman Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Late Catherine Torkov

6. DATE OF BIRTH (month, day, and year) Jan 12, 1872

7. AGE: Years 68 | Months 4 | Days 28 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cabinet Maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown Torkov

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anthony Torkov Jr. (Address) Hoffman Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place New Cathedral Date May 4, 1940

19. UNDERTAKER Harry H. Witzke (Address) 4101 Edmondson Ave

20. FILED May 3, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1939, to April 30, 1940

I last saw him alive on April 30, 1940; death is said to have occurred on the date stated above, at 1:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterial Insuff	?
Pul Edema	4/30/40

Other Contributory Causes of importance:

Arteriosclerosis	?
Hypertension	?

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) C P Rostling M. D.

(Address) 2623 Washington Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 13 1940
BUREAU V. E.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05883

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore

City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Riverside Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: Essex
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Riverside Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Elmer Turchella

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 19, 1940

8. AGE: Years: Stillborn | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Essex Balto. Co. Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Vincent Turchella
13. Birthplace: Italy

MOTHER
14. Maiden name: Amelia Guarilla
15. Birthplace: Baltimore, Md

16. Informant

Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1940, at 6 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ....., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death: Stillborn premature infant.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George E. Davis M.D.
M. D. or other

Address: Essex, Md Date signed: 1/29/41

RECEIVED
JAN 31 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

05259

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days): 38 yrs., 1 mo., 12 d.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Aquasco Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Frederick Adams Turner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 22, 1864

8. AGE: Years	Months	Days	If less than one day
75	11	22	hrs. min.

9. Birthplace: Prince George Co., Md. (Town, county, and state)

10. Usual occupation: Inmate of Rosewood State Training School.

11. Industry or business

FATHER 12. Name: William B. Turner

FATHER 13. Birthplace: Charles County, Maryland

MOTHER 14. Maiden name: Rebecca Adams

MOTHER 15. Birthplace: Charles County, Maryland

16. Informant: Records of the Rosewood State Training School.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: St. Marys Church Cemetery

Location: Aquasco, md

18. Funeral director: William Cook.

Address: 1217 St. Paul St. Balto.

19. May 13 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13, 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1, 1939, to May 13, 1940 and that I last saw him alive on May 13, 1940.

Immediate cause of death	DURATION
Acute Bronchitis	7 days
Broncho-Pneumonia	2 "
Due to Arterio-Sclerosis of the	
Due to Brain and spinal cord with atrophy and Epilepsy	30 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Harry S. Buhler, M.D. M. D. or other

Address: Owings Mills, Md. Date signed 5/13/40

RECEIVED
JUN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05260

1. PLACE OF DEATH (93-2)

County Baltimore Registration Dist. No. 30

Village or City Catonsville Opitz No. Edmondson Ave. & Nunry Lane St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Virginia Waller If U. S. Veteran, specify WAR

(a) Residence: No. 5800 Greenhill Ave. St., 26th. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thadeus Warsaw Waller

6. DATE OF BIRTH (month, day, and year): Nov. 1, 1855

7. AGE: Years 84 | Months 6 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: In own home
10. Date deceased last worked at this occupation (month and year): 1938
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Gerhart Marischen
14. BIRTHPLACE (city or town) (State or country): ~~Germany~~ Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Klookorn
16. BIRTHPLACE (city or town) (State or country): ~~Germany~~ Virginia

17. INFORMANT (Address): Mr. Edward Waller, 1603 Longwood Stve.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 5-4-40, 19

19. UNDERTAKER (Address): Wm J. Tickney & Sons, Martin & Pa Aves.

20. FILED: 5/2, 1940 [signature] Registrar.

DEPUTY LOCAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 12th., 1940, to May 1st., 1940

I last saw her alive on May 1st., 1940; death is said to have occurred on the date stated above, at 11:45P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency (Pulmonary Oedema) April 30th.	Apr. 30

Other Contributory Causes of Importance: Arterioscerosis

Name of operation Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Belair Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAY 14 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05261

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Forestone

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mayland County Baltimore

City or town Forestone Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George W Wilhelm

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of ~~husband~~ or wife Ida V Wilhelm

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Jan 27-1871

8. AGE:

Years	Months	Days	If less than one day
69	3	18	____hrs. ____min.

9. Birthplace Mayland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business own farm

FATHER 12. Name Samuel Wilhelm

FATHER 13. Birthplace Mayland

MOTHER 14. Maiden name Edith Wilhelm

MOTHER 15. Birthplace Mayland.

16. Informant Mrs Geo W Wilhelm

Address Parkton. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18-1940 (month) (day) (year)

Cemetery or crematory Forestone (Baptist)

Location Forestone, Balto Co. Md

18. Funeral director Edw C Tipton

Address Hampstead, Md

19. May 17 1940 Cyril E Forth M.D. Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1940, at 1230 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2nd 1940, to May 15th 1940, and that I last saw him alive on May 15th 1940.

	OURATION
Immediate cause of death Valvular heart of Heart	3 years
Due to Cardiac Asthma	
Due to	
Other conditions Cardiac asthma	15 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr J M Nash M. D. or other

Address Hampstead Md Date signed 5/16/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2) Reg. Dist. No. 32 05262

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Dutton (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Old Pimlico Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Dutton (Rural)
(If outside city or town limits, write RURAL and give town)

(d) Street No. Old Pimlico Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** John Thomas Wilson

3 (b) If veteran, name war: none

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sally Wilson (Ball)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1866

8. AGE: Years 73 | Months 7 | Days 20 | If less than one day _____ hr. _____ min.

9. Birthplace Parkton, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Sarah Williams

(b) Address Old Pimlico Rd., Dutton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1940 (month) (day) (year)

(c) Cemetery or crematory Stabler's Cem.

Location Parkton, Md.

18 (a) Funeral director John Burns Sons

(b) Address Towson, Md.

19 (a) May 3rd 1940 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death May 2, 1940, at 3:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15th 1938, to May 2 1940, and that I last saw him alive on May 1, 1940.

Immediate cause of death	Duration
Chronic Myocarditis	1½ yrs.
Due to Hypertension	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James A. Miller M.D.
M. D. or other

Address Pikesville, Md. Date signed 5/2/40

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JUN 5 1940
BUREAU V. S.

05263

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Parkville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 69 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2812 Oak Crest Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry J Wolf

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W-

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Catherine Wolf

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 30 - 1870

8. AGE: Years 69 | Months 6 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Piano Tuner

11. Industry or business

FATHER
12. Name: Adam Wolf
13. Birthplace: Baltimore

MOTHER
14. Maiden name: Emma J Fisher
15. Birthplace: Baltimore

16. Informant: Myrtle M Borlois
Address: 2812 Oak Crest Ave

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: May 20/40 (month) (day) (year)

Cemetery or crematory: London Park

Location: Balto Md

18. Funeral director: John Ullrich
Address: 2008 Orleans St

19. 5/17 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16 1940, 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to May 16 1940, and that I last saw him alive on May 16 1940.

Immediate cause of death: Haemoplegia Apoplectic

DURATION: 3 hrs

Due to

Due to

Other conditions: High Blood Pressure and Chr. Int. N. Bright
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Trig. S. Sudler M. D. or other

Address: 3323 E Balto St Date signed: 5/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05264

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Turner's Sta. Balney P.O. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Carolyn Wright

(a) Residence: No. Turner's Sta. Ind. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 31 February 1940

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Junus Wright

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Ida Vaulder

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Junus Wright (Address) 125 Main St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date May 13, 1940

19. UNDERTAKER Mrs R. A. Elliott & Daughter (Address) 1129 N. Caroline St.

20. FILED 5/11, 1940 Milton H. Munson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 11th 40, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1940, to May 11th, 1940

I last saw her alive on May 11th, 1940; death is said to have occurred on the date stated above, at 12:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal Influenza	5/4/40

Other Contributory Causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Thomas M.D.

(Address) 1012 Dr. Spencer's Pkwy

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (61)

Reg. Dist. No. 22

05265

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 36

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Pikesville Md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Rose Zito

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Vincent Zito Sr

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1869

8. AGE: Years 70 Months 5 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Cermina Imeresi - Italy (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Salvatore Emmanuel Candioto

13. Birthplace Italy

MOTHER

14. Maiden Name Maria Pusateri

15. Birthplace Italy

16 (a) Informant Josephine Guercio

(b) Address Bylan Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 - 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Frank H. Newell

(b) Address Pikesville Md

19 (a) 6/1/40 (Date rec'd by registrar) (b) E E Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death May 30 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Several years 19__, to May 30 1940, and that I last saw him alive on May 28 1940.

Immediate cause of death	Duration
Chronic Myocarditis & Nephritis	?
Due to Arterio-Sclerosis	?
Due to	
Other conditions Diabetes	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E E Nichols MD (M. D. or other)

Address Pikesville Md Date signed 6/1/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1939
1869-
70

RECEIVED
JUL 5 1940
BUREAU V. S.